MARYLAND STATE DEPARTMENT OF HEALTH
Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

15761 CERTIFICATE OF DEATH death funeral and PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution; Residence before admission) b. COLINTY b. COUNTY haurs after b. CITY OR TOWN (If putside separate limits) MARYLAND be executed within 24 hours after by the C. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURA), and give nearest town) write RURAL and give nearest town) d. NAME OF HOSPITAL OR INSTITUTION (If no hospitol, give street oddress) IS RESIDENCE = papers. ON A FARM? filled YES NO Pin H Universi Home Poll 3. NAME OF Middle Lost 4. DATE Month Dov Year <u>₹</u> completely aminer OF DEATH DECEASED November 5 event, (Type or print) ease remave car ams IF UNDER 1 YEAR IF UNDER 24 HRS. 6. COLOR OR RACE 7. MARRIED NEVER MARRIED DATE OF BIRTH AGE (In years last birthday) Months Doys Hours and in any DIVORCED 6 WIDOWED 12. CITIZEN OF WHAT 10b. KIND OF BUSINESS OR 10o. USUAL OCCUPATION (Give kind of work done 11. BIRTHPLACE (County & Stote, or foreign country) during most of working life, even if retired) COUNTRY? INDUSTRY attending physician permit. Then please certificate TOOK YA HOUSEWI 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME removal, DILVERMAL UNKIDOCE IS. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address the death (Yes, no, or upknown) ((If yes give wor or dotes of service) permit. Б 11713-TIFTO JUKNOW crematian, INTERVAL BETWEEN 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) the signed by the burial-transit 0 ONSET AND DEATH PART I. DEATH WAS CAUSED BY OR ATTENDING PHYSICIAN: The law requires that momin IMMEDIATE CAUSE (o) aftending physician. **DUE TO** burial, Conditions, if ony, which gove rise to immediate couse (a), DUE TO stoling the underlying couse prior tal the has been last OS 19. WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) use NO be retained by the haspital ar this certificate far 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Port II of item 18.) 20o. ACCIDENT WAS UNDERLYING [State Dept. of OR CONTRIBUTING CAUSE OF DEATH detached (IF EITHER, NOTIFY MEDICAL EXAMINER) 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, (City or town) (County) (Stote) 20c. TIME OF INJURY Month, Doy, Year B Hour o.m. foctory, street, office bldg., etc.) While Not While of work After ot work pe Nov. 15, 1966, that (1) (we) last 2). I certify that (I) (this hospital) attended the deceased fram_\ 19 66 ta shauld with the 1966, and that death accurred at 105 A M, fram causes and on the date stated above. DIRECTOR: saw the deceased alive on 22b. DATE SIGNED 220. SIGNATURE **ATTENDING** director, page 3 should be filed v DIRECTOR M.D. PHYS. PHYS 22d. ADDRESS Page 4 may 22c. PHYSICIAN'S O FUNERAL NAME (Type) 23a_ BURIAL CREMATION 23b. BATE THEREOF 23c NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Fown) (County) (Stote) REMOVAL (Specify) FUNERAL DIRECTOR ADDRESS 2So. REC'D BY REGISTRAR 2Sb. REGISTRAR'S SIGNATURE VR A15 (4) 20 M 1/66 977157. W.W 1966

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THE REAL PROPERTY.

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

. PLACE OF DEATH		OF DEATH		19403
		2. USUAL RESIDENCE (Where	deceosed lived; if institution:	Residence before admission)
a. COUNTY MONTGOMERY	MARYLAND	o. STATE Mary la	b. COUNTY	MontGomery
b. CITY OR TOWN (If outside carparate limits, c. LI	ENGTH OF STAY IN 16	c. CITY OR TOWN (If autside	carporote limits, write RURAL of	and give nearest town)
write RURAL and give pearest town)		Silver	Spring	15.1
d. NAME OF HOSPITAL OR INSTITUTION (If not in haspital, give str	reet address)	d. STREET ADDRESS	'/	e IS RESIDENCE ON A FARM?
Holy Cross Hospital		1615 T	mberline	R YES NO D
NAME OF DECEASED (Type or print) First FANT	Middle	Ahmed 4.	DATE Month OF DEATH Novembe	
Male White WIDOWED	NEVER MARRIED 8. DIVORCED 8.	DATE OF BIRTH		UNDER I YEAR IF UNDER 24 HRS. Inths Days Hours Min.
00. USUAL OCCUPATION (Give kind af wark dane uring mast af working life, even if retired) INDUSTR	F BUSINESS OR RY	11. BIRTHPLACE (County & Sto	te, or fareign country)	12. CITIZEN OF WHAT COUNTRY?
3. FATHER'S NAME		14. MOTHER'S MAIDEN NAME		
TAU Humed		Nancy S	UNSTEDT	
(S. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, ar unknown) (If yes give war ar dates of service)	L SECURITY NO. 17. IN	FORMANT /	Address	
Tas, its, at attendanty (it yes give was as addes of service)		Father		
18. CAUSE OF DEATH (Enter only one cause per line far (a), (b				INTERVAL BETWEEN ONSET AND DEATH
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (0) Pret	mature birth	, neonatal de	ath	CHISCI AND DEATH
76/5 DUE TO				
rise to immediate rause (a)	uptio placent	ta		
stoting the underlying cause DUE TO				
(c)				
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEA 20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE OR CONTRIBUTING CAPITAL CONTRIBUTION CONTRIBU	ATH BUT NOT RELATED TO TH	IE TERMINAL DISEASE CONDITI	ON GIVEN IN PART 1(a)	19. WAS AUTOPSY PERFORMED? YES X NO
THE CHINER, NOTH I INCUICAL LABININER!	E HOW INJURY OCCURRED. (E	inter nature of injury in Part	or Part II of item 18.)	
20c. TIME OF INJURY Month, Day, Year Hour a.m. p.m. 19 20d. INJURY While at work		OF INJURY (Home, farm, ry, street, affice bldg., etc.)	20f. (City or town)	(Caunty) (State)
21. I certify that (I) (this haspital) ottended	the deceased from	:30 PM 11/2/19G	c, to d: 30 pm 11/2	on the date stated above
saw the deceased alive on 22a, SIGNATURE	7 14 G., and indi	death occurred by -2		22b. DATE/SIGNED
ZZU. SIGNATURE // / / / / / / /		ATTENDING MED	. C SIAFF C	ZZO. DATE SIGNEY
He bet I tack	M.D.	PHYS. DIRE	CTOR PHYS.	11/1/06
22c. PHYSICIAN'S NAME (Type) Herbert J. Jacobs		22d. ADDRESS	idge Ave., Whe	eaton, Md.
NAME (Type) Herbert V. Jacobs	, M.D.	22d. ADDRESS 2401 Bluer	idge Ave., Whe	

10 HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death. Page 4 may be retained by the haspital ar attending physician. ren and campletely filled in by the funeral case remove carban papers. Pages I and 2 and in any event, within 72 haurs after death TO FUNERAL DIRECTOR: After this certificate has been signed by the attending of director, page 3 should be detached for use as the burial-transit permit. The should be filed with the State Dept. of Health priar to burial, cremation, ar remay

VR A15 (4)

Country of the control of the contro ASTRONIO LINUSER A RESIDENCE OF THE PROPERTY OF THE PARTY OF end Egylige D. Jacobs, H.D. Swif Shwifilms avo., Christop, Fd. and the second of the second o The state of the s

men succession and factors abroad man

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

	15763	CERTIFICATE	OF DEATH		15766
1.	PLACE OF DEATH O. COUNTY Montgomery	MARYLAND	o. STATE mary		mostgomery
	b. CITY OR TOWN (If outside corporate limits, write PURAL and give nearest town	c. LENGTH OF STAY IN 1b	Kensing	carporate limits, write RURAL a ずるよ	nd give nearest town)
3	d. NAME OF HOSPITAL OR INSTITUTION (IF not in hosp 4209 COICHESTER		d. STREET ADDRESS 4209 Colc.	hester Dri	e. IS RESIDENCE ON A FARM? YES NO
	NAME OF DECEASED (Type or print) Desmond A	jitkumar Anant		DATE Month OF DEATH November	
5.	SEX 6. COLOR OR RACE 7. MAR WIDO	OWED DIVORCED S	ep 8,1960	last birthday) Mo	JNDER 1 YEAR 1F UNDER 24 HRS. nths Days Hours Min. 29
dur	ing mast of working life, even if retired)	Ob. KIND OF BUSINESS OR INDUSTRY	Waching	4	12. CITIZEN OF WHAT
	suintin Jebaarul 1		Daisy Eliza	beth Vela	juthen
IS: (Ye	WAS DECEASED EVER IN U.S. ARMED FORCES? as, no, or unknown) (If yes give war ar dates at service)	16. SOCIAL SECURITY NO. 17. 18	NFORMANT	Address	
		ne for (a), (b), and (c).) Cardio respons	story foil	ere	INTERVAL BETWEEN ONSET AND DEATH
	Conditions, if ony, which gove isse to immediate cause (a).	cargonilal	Heart D	es e	
	stoting the underlying cause lost.	morgotisin			
ATION	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBU	TING TO DEATH BUT NOT RELATED TO T	HE TERMINAL DISEASE CONDITIO	N GIVEN IN PART 1(0)	19. WAS AUTOPSY PERFORMED? YES NO
L CERTIFICATION	20a. ACCIDENT WAS UNDERLYING ☐ 2 OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	05. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part t	or Port II af item 18.)	
MEDICAL	Hour a.m.		E OF INJURY (Hame, farm, Iry, street, affice bldg., etc.)	20f. (City or tawn)	(County) (State)
	21. I certify that (I) (this haspital) of saw the deceased alive an Oct	ottended the deceased fram <u>S</u>		M, from causes and	, 19 <u>6</u> 6, that (I) (we) last an the date stated above.
		enhing ton M.D	7 11 1 10 10 10 10 10 10 10 10 10 10 10 1	TOR PHYS.	72b. DATE SIGNED 7 1966
_	22c. PHYSICIAN'S NAME (Type) John A. Was		Was	1 Wyoming A hington, D.	0
	b. BURIAL, CREMATION, PEMOVAL (Specify) Burial 11-10-66		Cemetery		
	I. FUNERAL DIRECTOR OBERT A. PUMPHREY, I	Bethesda, Maryl	and DATE NO		Charle Quela

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician. TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carban papers. Pages 1 and should be filed with the State Dept. of Health priar to burial, crematian, ar removal, and in ony event, within 72 haurs ofter deet

VR A15 (4) 20 M 1/66

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Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

15764

HEALTH

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

FOR STATE	1	13104	MEDICAL EXAMINER'S	CERTIFICATE OF	DEATH	15767
ALTH DEPT.	1.	PLACE OF DEATH D. COUNTY MONTGOMER'S	Y MARYLAND	O. STATE MARYLAND	b. COUNT	ONTGOMERY
2, and PM3.		b. CITY OR TOWN (If outside carparate limits, write RURAL and give nearest town) AND ARE OF HOSPITAL DR. INSTITUTION (If not in	c. LENGTH DF STAY IN 16		e carparate limits, write RURi PARK	151/ e. IS RESIDENCE
es 1, farm farm farm	11	WASH. SAN, É	Hosp	8312 HA	DOON DRIV	ON A FARM?
dea Pa	3.	NAME OF DECEASED (Type or print) AXEL WILL	IAM ANDERSON		DATE Month OF DEATH NOVEMB	ER / 1966
s of 18. alo		MALE WHITE	WIDOWED DIVORCED	B. DATE OF BIRTH MAY 17, 1892		Months Doys Hours Min.
1 in Item I lers Office ges land 2 any event	dı	o. USUAL OCCUPATION (Give kind of work dane tring most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or f	TICUT	AMER.
withir pend		BOWIN ANDERSON			= MULMQUI	
executed ending" in f Milladical E. it permit. F remaval, a		S. WAS DECEASED EVER IN U.S. ARMED FORCES? (es, na, ar unknawn) (If yes give war ar dates af sei		informant RS. Golda A.	NDERSON Address	- SAME AS Pr.
		IB. CAUSE OF DEATH (Enter only one couse p PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) _	er line for (o), (b) fond (c)	nary Ins	African	INTERVAL BETWEEN ONSET AND DEATH
s shaul the war ta the burial-		Conditions, if any, which gave isset to immediate cause (a), stating the underlying cause	Corenery On	tery Hear	L'alise	dec.
完成 8二		last (c) PART II. OTHER SIGNIFICANT CONDITIONS CONTI	DIDUTING TO DEATH BUT HOT BELATED TO	THE TEDMINAL DISEASE COMMIT	ION CIVEN IN DART 1/a)	YZQOTIIA ZAW PI
(1) O U	O NOTE	PART II. OTHER SIGNIFICANT CONDITIONS CONTI	CIBULING TO DEATH BUT NOT KEENED TO	THE TERMINAL DISEASE CONDITI	ON OFTER IN PART 1(0)	19. WAS AUTOPSY PERFORMED? YES NO
70 5.5	CEPTIFICATION		20b. DESCRIBE HOW INJURY OCCURRED.	(Enter nature of injury in Part		
AMIN e the e 4 sh aur fil age 3 s	MEDICAL	20c. TIME OF INJURY Manth, Doy, Yeor Haur a.m. p.m. 19		CE OF INJURY (Home, form, tory, street, affice bldg., etc.)	201. (City or town)	(County) (State)
lebral Extending the second inector. Ping ained for y RECTOR: Pug designated		21. I certify that I taak charge a death resulted from: Natural c	16	eld an Autapsy 🔲 , 🛮 I tide 🔲 , Hamicide 🗀	nspection (X), Inqui	and in my apinian
Ts of d		ACTUAL SIGNATURE / Deliver	Il leap	CHIEF MEDICAL EXA	EXAMINER -	22. DATE SIGNED
o DEPUTY necessary, p the funeral 5 may be re 0 FUNERAL Health ar it	2	EXAMINER'S BELDEN	R. REAP, M	D. Address (Street, of	y. (own, or county)	N;2,1466
TO DEPU necessal the fund 5 may b TO FUNER Health o	2	30. BURIAL, CREMATION, REMOVAL (Specific Pure 1) 700. 5. 1		Cimetery	23d. LOCATION (City or Town	ton N.C
VR A15ME (5) 6M 1/66		Luntar Walter, 254	Carrell DIN.W.	DATE NO	REGISTRAR 255, JEG	Acharles Judge

and the second s

And the second

	1 (M)
2	=04

24 hours after deat

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funera director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate of referented within Page 4 may be retained by the hospital or attending physician.

MARYLAND STATE DEPARTMENT OF HEALTH 15765 CERTIFICATE OF DEATH

-			
1.	PLACE OF DEATH a. COUNTY	2. USUAL RESIDENCE (Where deceased lived, If institution: Re	esidence before admission)
	Montgomery MARYLAND	a. STATE Maryland b. COUNTY Mon	tgomery
-	b. CITY OR TOWN (If outside/corporate limits. C. LENGTH OF STAY IN 1b	c. CITY OR TOWN (If outside corporate limits, write RURAL	and give nearest town)
	Write RURAL and give nearest town)	Silver Spring	12-1
-	d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address)	d. STREET ADDRESS	e. IS RESIDENCE
			ON A FARM?
	2312 Arcola Avenue	2312 Ardola Ave	YES NO
3.	NAME OF DECEASED First Middle (Type or print) Frank Thomas	Anderson DEATH November	Day Year 2 1966
5.		8. DATE OF BIRTH 9. AGE (In years IFUNDER	1000
	Male White WIDOWED DIVORCED	2-27-99 last birthday) Months	Days Hours Min.
R	a. USUAL OCCUPATION (Give kind of work done), 10b. KIND OF BUSINESS OR this most of working life, even if retired long thousand Hospital Physics	Virginia 4.	DUNTRY?
	FATHER'S NAME	14. MOTHER'S MAIDEN NAME	
19	Irank Thomas Anderson	Eugenia Carter	
15		INFORMANT	1. 0
1	ues W 1 1755 grate war of tales of service) 577-28-6208 Ma	is. Janet J. Anderson Silver Sn.	LA HUE MI
2	18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c),]	Super Sp	I INTERVAL BETWEEN
2	PART I. DEATH WAS CAUSED BY:	,	ONSET AND DEATH
	IMMEDIATE CAUSE (a) Coronary Oc	clusion	
	DUE TO .		
	conditions, if any, which any conditions, if any, which gave rise to immediate (b) Arterioscierct	ic heart disease	
	cause (a), stating the DUE TO	<i>Y</i>	
z	underlying cause last. (c) Atherosclero		119. WAS AUTOPSY
CERTIFICATION	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELA	(TED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a)	19. WAS AUTOPSY PERFORMED?
RTIFI	20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCUON OF CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	URRED. (Enter nature of Injury in Part 1 or Part II of Item 18.	.)
1	(IF EITHER, NOTIFY MEDICAL EXAMINER)		
MEDICAL		CE OF INJURY (Home, farm, 20f. (City or town) (Coupry, street, office bldg., etc.)	inty) (State)
	Hour a.m. While Not While factor	ny, attect, oncourage, etc.)	
2	21. I certify that (I) (this hospital) attended the deceased from	maren 1957 to NOUZ, 196	6 that (I) (wet las
-	saw the deceased alive on Octo 28 1966, and that		
	22a, SIGNATURE	22h D	ATE SIGNED
	1 0 1 not 1 0 1	ATTENDING - MED. STAFF	12,1966
	22c. PHYSICIAN'S M.I	The state of the s	
	NAME (Type) —	TOTTO GEOLETY AAA	enue
-			
23	a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETER'S REMOVAL (Specify)		unty) (State)
D	urial 1100 4 1400 Arrington Nat	ional Cem. Arlington, Va.	0.0000000000000000000000000000000000000
2	4. FUNERAL DIRECTOR Son & Sterry 8434 Georgi	a Ave. 25a. REC'D BY REGISTRAR 25b. REGISTRAR	
	ohn B. Thomas Sun Bolling 8454 yeargu		wells Judge

VR A15 (4) 15M 4-64

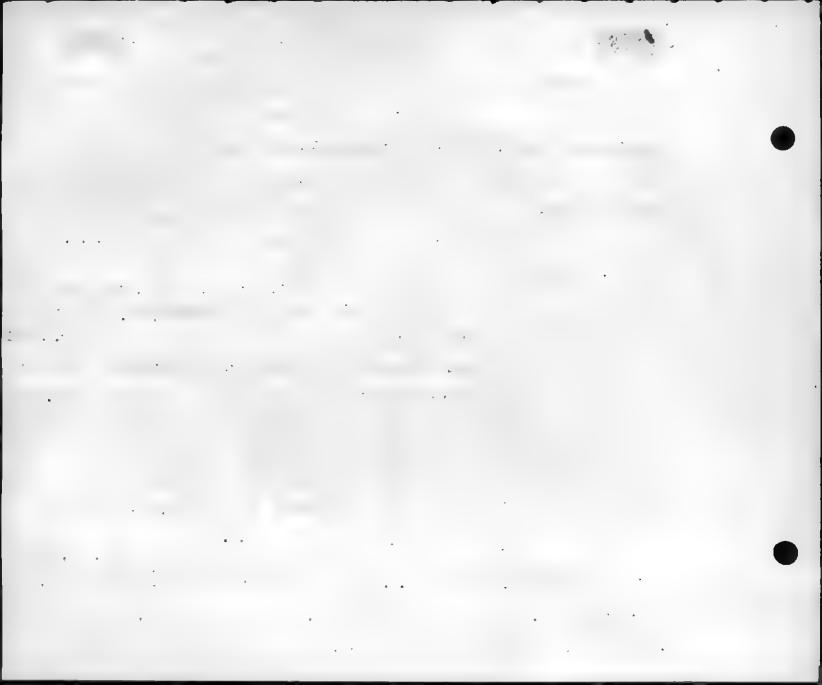
The second of th

death. and after hours .5 filled within 72 etely remove carbon any event, with .⊑ certificate removal 0 has been signed by the se as the burial-transit p h prior to burial, cremati detached for use a te Dept. of Health p PHYSICIAN: T the hospital After Id be d DIRECTOR: Al TO FUNERAL director, Fall should be fil HOSPITAL

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If Institution: Residence before admission) a. COUNTY b. COUNTY Montgomery Prince Georges MARYLAND b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) C. LENGTH OF STAY IN 10 Bethesda 15 days Hillside d. NAME OF HOSPITAL DR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? The Clinical Center, Bethesda, Maryland 1520 59th NO X Avenue Middle DATE DECEASED (Type or print) DEATH 19 66 John Kenneth Arthur November 5. SEX AGE (In years | IF UNDER 1 YEAR IF UNDER 24HRS. last birthday) | Months | Days | Hours | Min. DATE OF BIRTH 6. COLOR OR RACE 7. MARRIED NEVER MARRIED V 15 March 1963 Male White WIDOWED DIVORCED 10a. USUAL OCCUPATION (Give kind of work done | 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT during most of working life, even if retired) INDUSTRY COUNTRY? Maryland U.S.A. Child 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME John R. Arthur Joan Davis 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT 16. SDC AL SECURITY ND. The Medical Records National (Yes, no, or unkown) (If yes give war or dates of service) Institutes of Health, Clinical Center,
Bethesda, Md. INTERVAL None INTERVAL BETWEEN 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Cardiac Arrest hr. 25 mir Anastomosis Conditions, if any, which Right Subclavian to Pulmonary Artery Anastamesis 48 hours gave rise to immediate DUE TD cause (a), stating the (c) Pulmonary Atresia underlying cause last. PART II. DTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) WAS AUTDPSY PERFORMED? CERTIFICATI YES X ND F 20a. ACCIDENT WAS UNDERLYING TO DR CONTRIBUTING TO CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED, (Enter nature of injury in Part I or Part II of Item 18.) 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 120e. PLACE OF INJURY (Home, farm, 20f. (City or town) (County) (State) factory, street, office bldg., etc.) Hour a.m. While Not While at work p.m. 21. I certify that QI (this hospital) attended the deceased from 26 October, 1966, to 10 November 9 66, that XIX (we) last saw the deceased alive on 10 November 19 66, and that death occurred at 8:00M, from the causes and on the date stated above. 22a. SIGNATURE 22b. DATE SIGNED ATTENDING Nov. 10, 1966 22c. PHYSICIAN'S Clinical Center, National ADDRESSThe of Health. Bethesda. Md. Hamner Hannah III. M.D. Institutes 23c. NAME OF CEMETERY OR CREMATORY BURIAL, CREMATION, 23b. DATE THEREOF 23d. LDCATION (City, town or county) (State) REMOVAL (Specify) Nov. 14 1966 Arlington Nat 1. Arlington. Virginia ADDRESS HECYD BY REGISTRAR immons Bros. 1661-Good Hope Rd SE Wash DC DATE

tom Id Film 23 11-20 MARYLAND STATE DEPARTMENT OF HEALTH

VR A15 (4) 20M 1/65



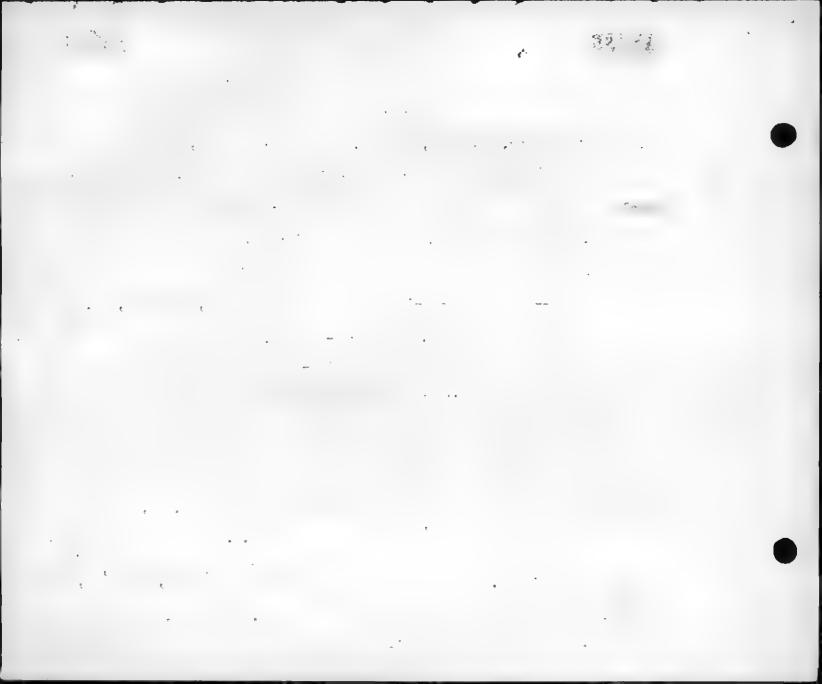
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TO HOSPITAL OR ATTENDING PHYSICIAN. The law requires that the death certificate be executed within 24 hours after death.

Page 4 may be retained by the hospital or attending physician. 10 FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and In any event, within 72 hours after death. MARYLAND STATE DEPARTMENT OF HEALTH
RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMO	DRE 1, MARYLAND
15787 CERTIFICATE OF DEATH	15770
1. PLACE OF DEATH	
a. COUNTY Montgomery Maryland D. CITY OR TOWN (if outside corporate limits of LENCTH OF STAY IN 1).	NTY
b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) MARYLAND MARYLAND C. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town)	rite RURAL and give nearest town)
Bethesda 357 days Minneapolis	٠ .
d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS	9. IS RESIDENCE ON A FARM?
The Clinical Center, Bethesda, Maryland 5620 36th Avenue, South	YES NO X
3. NAME OF First Middle Last 4. DATE Mon	
(Type or print) Marion Ida Askerooth DEATH Novel	
5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. ACE (In years last birthday)	IF UNDER 1 YEAR IF UNDER 24 HRS. Months i Days Hours Min.
Female Wille WIDOWED DIVORCED 27 August 1896 70 yrs.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign county during most of working life, even if retired)	COUNTRY?
Sewing Instructor Garment Minnesota 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME	USA
- Samuel Samuel Samuel	
Karl Lotti Gustava Treaux	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT The Medical Record (Yes, no, or unknown) (If yes give war or dates of service)	rss
No 475-14-0561 The Clinical Center, Bethes	da. Md. 20014
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c).]	INTERVAL BETWEEN ONSET AND DEATH
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Malignant Lymphoma - Mycosis Fungoides	la years
DUE TO	
Cenditiens, If any, which by Right Lobar Pneumonia - probable pseudomona	s l day
gave rise to immediate cause (a), stating the DUE TO Pseudomonas	
underlying cause last. (c) Probable Pseudamona Septicemia	1 day
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN	PART I(a) 19. WAS AUTOPSY PERFORMED?
ICA	YES X NO
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN 20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II (If EITHER, NOTIFY MEDICAL EXAMINER)	of Item 18.)
	(County) (State)
20c. TIME OF INJURY Month, Day, Year Hour a.m. p.m. 19 at work at work.	(sounty) (state)
21. I certify that OK (this hospital) attended the deceased from November 18, 19 65, to Nov. 10.	1965 that 20 (we) [ast
saw the deceased alive of November 10,19 66, and that death occurred at 6:30M, from the causes	and on the date stated above.
22a. SICNATURE // // A/ A.M.	22b. DATE SICNED
M.D. PHYS. DIRECTOR DIRECTOR DIRECTOR DIRECTOR WED.	10 November 1966
22c. PHYSICIAN'S 22d. ADDRESS The Clinical Co	enter. National
NAME (Type) William R. Levis Institutes_of_Health, E	lethesda, Maryland
23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City,	
Burlal-transit 11-11-66 Cokato Finish Cem. Cokato. M	inn.
	RECISTRAR'S SIGNATURE
ROBERT A. PUMPHREY, Bethesda, Maryland DAIE	

VR 415 (4) 20M 1/65



Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

15768

CERTIFICATE OF DEATH

15771

						13	/ E
PLACE OF DEATH				2 USUAL RESIDENCE (W	here deceased ved, if instit		before admission)
-a COUNTY	· cu Pra		MARYLAND	3 4/9 - 30	11:54 70,00	JNJY,	The Co
L CITY OF TOWN (IF A		C. LENGTH OF S		C CITY OR TOWN UE out	side carparate amits, write R	LIPAL and nive a	earest fawn)
b. CITY OR TOWN (If or write RURAL and gr	ve nearest tawn)	C. ERIOTIT OF 3	TAT IN ID	1 1 1	side carparare minas, wine k	own one dise	001037 101711
SENUNTO				WASHIN	gton, D.C	s	
d NAME OF HOSP TAL	OR INSTITUTION (If not in	hospital, give street address	i)	d STREET ADDRESS			e IS RES DENCI
· " tank	Zanden S.	ANTAGICANI		3419-30	th. 5+ 11.	11.	YES NO
NAME OF	Fret	Middle	0	lost		nth	Day Year
DECEASED /-	77	7			DE Al		17 1966
(Type or print)	MOMAS			RNES	DEATH POVE	IF JNDER 1 YE	
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NIA/E	White	WIDOWED 🔀 DIVO	DRCED 🔲 A	pril, 8, 187	8 88 Yrs		
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FATHER'S NAME		DUN (VII (2	14. MOTHER'S MAIDEN N	AME		
FAITER 3 NAME	-			14	Å/I		
THOMAS	d. BABIN	ES		MARY /	MASON		
S WAS DECEASED EVER IN	US ARMED FORCES?	16 SOCIAL SECURITY I	NO. 17. I	NFORMANT	Ado	jress	.69
res, na, ar unknawn j	yes give wor or dates of se	rvice)	1 GG	ACE BARNE	S(SISTER) 3419	att	47 01
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	MAS CAUSED BA.	per I ne for (o), (b), and (c).)	,	11 \	• ()		ONSET AND DEATH
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rise to immediate co		-					
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arlee	rep sale	rates cer	elere,	(Observe	on dream		YES NO
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OR CONTRIBUTING []							
20c TIME OF INJURY Hour o.m.		20d INJURY OCCURRED	20e. PLA!	CE OF INJURY (Home, farm	20f (City ar town)	(County	y) (State
Hour o.m.		While Not While		pry, street, office bldg., etc.)		,	,
p. m.	19	at work 🔲 at work			11/		
		al) attended the decea	ised fram	UR 13.1	966, to 1		& that (I) (we)
sow the dega	psed alive off	1/17 196	6, and that	t death loccurred at	M, fram cause	s and an the	date stated of
220. SIGNATURE	1:01				AATD STAFF	22b. DATE	SIGNED
1 14	171cm	7	M.E	D. PHYS.	MED. STAFF DIRECTOR: DIPHYS.		17/66
22c PHYSICIAN'S		- 1/	1	22d. ADDRESS		16	1
NAME (Type)	1/6/	- Knows	burn	7852 /	6 - 56 NW	laan	Wie D
1		111.602	·VOV				
30 BUR AL CREMATION	23b DATE THERE	OF 23c NAME OF	CEMETERY OR	4 . 6	236 LOCATION (City or		ounty) (State
PEMOVAL (Specify)	Mm/ 21	1966 West	Laure	I till genile	24 Lower Mari		
24 FUNERAL DIRECTOR	1 At a	TIL ADDRES	500	7/ /// 25a. RECT	BY REGISTRAR 25b	REGISTRAR'S SIGN	
OR Hack los	4/1/8/20 27	TLASTE	2/1/2	BATE DATE	VOV 2 1 1966	Milian	Les Jude
ATTIMID UK	101/105 /14	7.5/-1/1/2/201	1 12/16	DAIL 1	A T MOD	1	- X

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and camptetely filled in by the funeral director, page 3 shauld be detached far use as the burial-transit permit. Then please remove carban papers. Pages 1 and 2 shauld be filed with the State Dept. of Health priar to burial, crematian, or remaval, and in any event, within 72 haurs after death. FERMITAL OR ATTENDING RHYSKGAM: The law requires that the denth certificate be executed within 24 hours after death Page I may be retained by the haspital or attending physician.

YR A15 (4) 20 M 1/66

3 Mar a

MARYLAND STATE DEPARTMENT OF HEALTH
Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

		15769			CERTII	FICATE	OF DEATH			157	72	
by the funeral Pages I and Z nours after fears		PLACE OF DEATH D. COUNTY Mont	gomery		MAR	YLAND	2 USUAL RESIDENCE (o. STATE Maryl	Where deceas	ed aved, if instate b COU	INTY Montgo	before admis	sion)
y the Pages Pages urs affi	t	CITY OR TOWN (f outside corporate limits give neorest town) ver Spring	5,	5 hours	IN 1b	c City OR TOWN (If or Wheat	utside corporo	te limits, write Rl	IRAL and give n	eorest town)	
pers.	(I NAME OF HOSPITA	Cross Ho		give street oddress)		d STREET ADDRESS		ney Aver	110	e IS RE	SIDENCE FARM? NO K
ely fille		NAME OF DECEASED	Fal	st	Middle		Lost	4 DATE OF	Moi	ith	Day	Year
carl carl,	5 5	Type or print)	Floyd	7	E.		rett	DEATH	NOVET	nber 24		9 66 OFR 24 HRS
d company events		Male	6 COLOR OR RACE White	7. MARRIED WIDOWED	NEVER MARRIE DIVORCE		July 9, 18		lost birthdoy) 79 yrs	Months D	oys Hours	
ician and completely filled in lease remave carbon papers. And in any event, within 72 ho	100 dyri	USUAL OCCUPATION ng most of working Tured (2	(Give kind of work done life, eyen if retired)		ond of Business or Applistry Livo a d		11 BIRTHPLACE (County Virgini		reign country)	COUN	N OF WHAT TRY? U.S.A	
3 6		FATHER'S NAME					14 MOTHER'S MAIDEN					
	10		Barrett RINUS ARMED FORCES?	16	SOCIAL SECURITY NO.	17 1	Unknown		4 - 4 + 6dd	TOUT 1/	.7	
trendin n, or re	(Ye	(NO)	(If yes give wor or dotes of	fearures to	6-03-0953	1	bel H. Barr	ett	10114 M Silver 2	Spring.	y Huer Marys	une and_
tion. -transit perm. The ob., cremation, or removal.		18 CAUSE OF DE PART I. DEAT 2 3/	ATH (Enter only one could have caused by immediate cause	(0) Ce	ubrovo		la acuid	eut-	- Throw	bosia	ONSET AND	DEATH
signed burna -t burnal, c		Conditions, if ony,	e couse (o), (rterios	ele	ratic va	rece	las des	leave.	184	Rs.
ding the		stoting the under	Tring couse	(c)								
# 5 8 ± 0 22	ATÍON	PART II OTHER SH	GNIFICANT CONDITIONS Q	ONTRIBUTING NO.		LATED TO T	HE TERMINAL DISEASE CO	NDITION GIVE	N IN PART 1(0)		19 WAS AL PERFOR YES	LTOPSY RMED? NO 2
트 함호품	CERTIFICATI		UNDERLYING CAUSE OF DEATH MEDICAL EXAM.NER			CCURRED. (Enter noture of injury in	Part & or Part	t II of item 18)			
the hardeness detaction of the period of the	MEDICAL	20c TIME OF INJU	10	20d I While			F OF INJURY (Home for rry, street, office bldg, etc.		(City or town)	(Count	r)	(Stote)
After After d be Stat		21. I certif	v that (1) (this has	pital) atten	ded the deceased	from_1	1/20 .	1966,1	0_11/2	24, 1966	, that (I)	(we) las
crok: A shauld shauld iff the			eceased alive an		24 1966.	and that	death accurred a	405AN	l, fram causes	and an the		ed abave
: E #2 co ≥		22o. SIGNATURE	Henry	enfo	out 2	Qu.	ATTENDING PHYS.	MED. DIRECTOR	STAFF PHYS [11/2	. /	4
ERAL DII		22c. PHYSICIAN'S NAME (Type)	HENR	4 4	, Stou	1	10011 6EL	.,	WE SILU		ING 1	1)
Page 4 may TO FUNERAL director, pag should be fil		BUR AL, CREMATIC REMOVAL (Specify	Nov 28		Cedan Ha				CATION (City of T	anuland.	оипту)	(State)
VR A15 (4) 20 M 1/66	100	FUNCTAL DIDECTO	. /	to have,	ADDRESS	ia A	2So REC	D BY REGISTR	1986°	FCRIDAR S SIGN	MILIERING	7

TO HOSPITAL

Tetained by the hospital or attending physician.

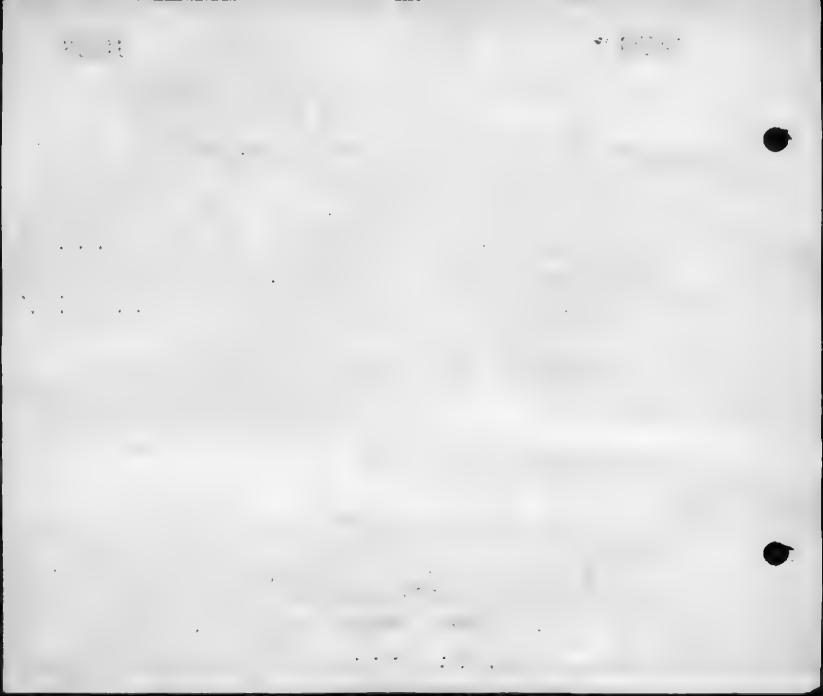
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You FUNERAL

To FUNERA

ı	MARYLAND	STATE DEPARTMENT OF HEALTH	•
1	DIVISION OF STATISTICAL RESEARCH AN	ID RECORDS, 301 W. PRESTON STREET, BALTIMOR	RE 1, MARYLAND
J		RTIFICATE OF DEATH	15773
ı	I. PLACE OF DEATH e. COUNTY	2. USUAL RESIDENCE (Where deceased lived, II in.	
-	Maryland) Montgomery	HOF STAY IN 16 C. CITY OF TOWN (If outside corporate limits, write	omerv
	Chevy Chase d. NAME OF HOSP, TAL OR INSTITUTION , if not in hosp ta, g ve str	chevy Chase d. STREET ADDRESS	e. IS RESIDENCE ON A FARM?
	5300 Yorktown Road	1 5300 Yorktown Road Month	YES NO NO
	DECEASED	OF NY	
	"alout al	Will Dadollolaci	
	Male White WIDOWED D	DIVORCED 7-20-1882 84 yrs.	Months Deys Hours Min.
	done during most of working life, even if retired)	INESS OR INDUSTRY 11 BIRTHPLACE (County & Stets or foreign country)	
	Retired	Vermont	U.S.A.
	Robert Batchelder	Sarah J. Weatherby	
ı	15. WAS DECEASED EVER IN J.S. ARMED FORCES? 16. SOCIAL SEC (Yes, no, or unkown), (Ifyesgive war or detes of service)		2929 Conn. Ave.
		-prising but the partoner der	N.W. Wash.DC.
	18. CAUSE OF DEATH (Enter only one cause per line for (e), (b	b), end (c).)	ONSET AND DEATH
	IMMEDIATE CAUSE (6)	rdiac arrest	20 mm_
	DUE TO T		104
	Conditions, if eny, which (b)	moscoris, gen	
	(a), sletting the underlying DUE TO	•	
	couse lest. (c)	TO DEATH BUT NOT RELATED TO THE TERMINAL D. SEASE CONDITION GIVE	N IN PART ION 19. WAS AUTOPSY
	FART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTIONS	TO DEATH BUT NOT RELATED TO THE TERMINAC DISEASE CONDITION SITE	PERFORMED?
i	을 20e. ACCIDENT WAS UNDERLYING 그 20b. DESCRIBE HOW	INJURY OCCURED. (Enter nature of injury in Pert for Part II of item 18)	YES NO X
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		CURRED 2De. PLACE OF INJURY (Home, farm, 2Df. (City or lown)	(County) (Stele)
	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCC While Not Whi		
	21. 1 certify that (I) (this hospital) attended the d	C +	, 19. sthat (I)-(we) last
		A.L., and that death occured A.M. from the causes a	and on the date stated above.
	22e. SIGNATURE	ATTENDING MED. STAFF	22b, DATE SIGNED
	Herbert Martyn	M.D PHYS. DIRECTOR PHYS.	10 New b
	22c, PHYSICIAN S NAME (Type)	22d. ADDRESS 4740 char	of chase De
	WE LEGICK!	ME OF CEMETERY OF CREMATORY 23d. LOCATION , City, town	n or county) (Stete)
	23e. BUR.AL, CREMATION, 23b DATE THEREOF 23c. NAM		rmont (Stete)
	Acceloration	DRESS 250, REC'D BY REGISTRAR 25b. REG	
	1 5130 Wisc.		Planto 1.
1	Joseph Quella Brishash. D.C.	DAIR 10 1000	I mage



DEPT

PM3. Pogm

in penci in Item 18 Give Rages 1, 2, and 3 to

This certificate should be executed within 24 hours often deoth

pend ng

necessory, please execute the certificate, writing the ward

TO DEPUTY MEDICAL EXAMINER:

any deloy is

Stote Impartment of to hours ofter death. buriol-tronsit permit. File pages Tomd 2 with the 5 may be retoined for your files.

Health or its designated agent, pror to buriol, cremation, or removal, and in any event writing TO FUNERAL DIRECTOR: Poge 3 shauld be used III 2

VR A15ME (5)

the funeral director. Page 4 should be forwarded to the Chief Medical Examiner's Office along with form

DECTAN CIDECT DAITIMADE MADVIAND 21201

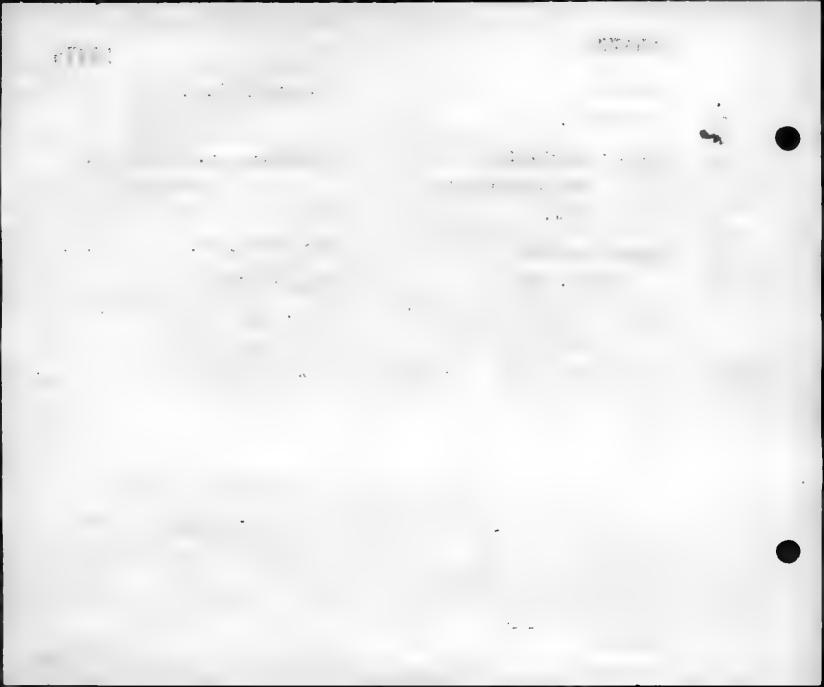
	1577 <u>1</u>	MEDICAL EXAMINER'S		F DEATH	15774
	ACE OF DEATH COUNTY MOTH GAME	enel MARYLAND	2 USUAL RESIDENCE (V	Where deceased lived it institute to CO.	inton Residence before admission
	CITY OR TOWN (If outside contrate mits, write RURAL and give negret fown)	LENGTH OF STAY IN 6	13e	tside corporate limits, write RL	1:
d	NAME OF HOSP TAL OR INSTITUT ON (IF not in	hospitol, give street oddress)	d STREET ADDRESS	9-Faife	e IS RESIDENCE ON A FARM? YES NO
Di	AME OF CEASED (pe or pnnt)	Middle 13.	ayer	4. DATE MOR	r, 14 1066
5 SE	Tale white	MARR ED NEVER MARRIED	OCT, 9.18	9 AGE (In years lost buthdoy)	Months Doys Hours Min
during	ISUAL OCCUPATION (Give kind of work done prost of working life even firetized)	10b KIND OF BUSINESS OR WOUSTRY Int. Rous	11 BIRTHPLACE (State		2 CIT ZEN OF WHAT COUNTRY?
13 F	ATHERS WAME IN THE	ver	4 MOTHER TYMAIDEN	2 2	
S. V (Yes	VAS DECEASED EVER IN U.S. ARMED FORCES? no, or unknown) If yet give wor or dates disented.	220-44-0684	NFORMANI 11/2e T	Baser 1	Sang.
1	8 CAUSE OF DEATH (Enter only one couse per PART I. DEATH WAS ANSED BY IMMEDIATE CAUSE (o) _	er line for (o), (b) and (c).) COFONDYIN	sufficen	dy Acute.	NTERVA. BETWEEN ONSET AND DEATH SURGES
	7201 DUE TO Onditions, if ony, which gove (b)	CardioVasa	cular Dis	Sease-	years.
2	toting the underlying couse but 10 (c)				
CATION	PART II OTHER SIGN F CANT CONDITIONS CONTR	BUTING TO DEATH BUT NOT RELATED TO T	THE TERM NAL DISEASE CON	IDITION G VEN IN PART I(0)	19 WAS AUTOPSY PERFORMED? YES NO SE
CERT	ROO EXTERNAL CAUSE WAS PRIMARY 🗀 OF CONTRIBUTING 🗀 CAUSE OF DEATH.	206 DESCRIBE HOW NIJRY OCCURRED.	(Enter noture of infury in I	Port Lor Part Lof (tem 18)	
MEDICAL	CC TME OF INJURY Month, Doy, Year Hour a.m. 19		LE OF INJURY (Home, form ory, street, office bldg., etc.)		(County) (State)
	21. I certify that I took charge of death resulted from: Natural co	about the second	ld on Autopsy [], de [], Hom+cide	Inspection X , Inq	
	ACTUAL John S	Bell	_ '8 V.	CAL EXAMINER	14/66 22. DATE SIGNED
	Ame (Type)	BALL	Address (Street	, city, town, or county) $ { m B} \epsilon $	ethesda, Md.
Bı	BURIAL, CREMATION, REMOVA. (Specfy) 11-18-6	6 Gate of Hea	aven Cem.	23d. LOCATION (City of To Silver Sp	oring, Maryland
	FUNERAL DIRECTOR BERT A. PUMPHREY,	Bethesda, Mary		de la company de	Johnson Judge.

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

15772 CERTIFICATE OF DEATH 2 USUAL RESIDENCE (Where deceased leved, function, Residence before gam ssign PLACE OF DEATH Montgomery o. SIATE Maryland h COUNTY xwashington xx Rxxx. Prince George MARYLAND c CITY OR TOWN (f autside carparate limits, write RURAL and give nearest town) b CITY OR TOWN (If outside corporate imits, c LENGTH OF STAY IN 16 Wiles Con and grade acest tawn) Suitland one week e IS RES DENCE ON A FARM? d. STREET ADDRESS 3206 Terrace Drive d NAME OF HOSPITAL OR ASTITUTION (If not in hospital, give street address) University Mursing Home x90kxArholaxAvexx WheatonxxRd YES NO T 3 NAME OF Middle 4. DATE DECEASED OF DEATH November 2. Roberta Beaton 66 Reba 19 (Type or print) IF UNDER 1 YEAR I IF UNDER 24 HRS S SEX 6. COLOR OR RACE 7 MARRIED AGE (In years **NEVER MARRIED** last birthday) Hours Caus. X DIVORCED WIDOWED 12 CIT ZEN DE WHAT 10o USUAL OCCUPATION (Give xind of work done 10b KIND OF BUSINESS OR 11 BIRTHPLACE (County & State or fareign country) during mast af warking life, even if retired) INDUSTRY COUNTRY?S. Seat Pleasant, Md. Telephone operator 14. MOTHER'S MAIDEN NAME 13 FATHERS NAME Robert C. Beaton Mary Agnes Sommers S WAS DECEASED EVER IN U.S. ARMED FORCES? 16 SOCIAL SECURITY NO. 17 INFORMANT Address Landover, Md (Yes, no, ar unknown) (If yes give war ar dates at service) 577-01-3120 Maurice H. Beaton 412 Brightseat Road INTERVAL BETWEEN 1B. CAUSE OF DEATH (Enter only one couse per line far (a), (b), and (c) PART DEATH WAS CAUSED BY ONSET AND DEATH IMMEDIATE CAUSE (a) 416X DUE TO Canditions, if ony, which gove rise to immediate cause (a), DUE TO stating the underlying couse lost. WAS AUTOPSY PERFORMED? PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) NO 200 ACCIDENT WAS UNDERLYING [3] 205 DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) OR CONTRIBUTING IT CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) WEDICAL 20e. PLACE OF INJURY (Home, farm, (County) 20d INJURY OCCURRED (City or town) (State) 20c. TIME OF INJURY Month, Day, Year Not While factory, street, office bldg., etc.) Hour a.m. at wark at wark 1906 2). I certify that (I) (this haspital) attended the deceased from Com-19 6 C and that death accurred at 12:10. For causes and an the date stated above. saw the deceased alive an Turn 22g SIGNATURE DATE SIGNED MED DIRECTOR ADDRESS 22c. PHYSICIAN'S NAME (Type) 230 BURIAL CREMATION 23b DATE THEREOF 23c NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County REMOVAL (Specify) 11-5-66 Addison Chapel Cemetery Seat Pleasant Maryland Suitland 2So. REC'D BY REGISTRAR 2Sb. REGISTRAR'S SIGNATURE EUNERAL DIRECTOR Suitland Maryland DATE 4308 Thelm Funeral Home

funeral s 1 and 2 ter death requires that the death certificate be executed within 24 haurs after death Pages ely filled in by the bon papers. Page , within 72 haurs a pou and 9 signed by the atter burial-transit perm burial, cremation, o as the prior tal by the haspital ar attending been has Health p ATTENDING PHYSICIAN: certificate r this certific detached for te Dept. af H TO FUNERAL DIRECTOR: After be retained director, page 3 should be filed v Page 4 may !

> VR A15 (4) 20 M 1/66



DIVISION OF STATISTICAL RESEARCH AND RECORDS. 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH funeral I. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased hyed, if institutions Residence before # COUNTY **b.** COUNTY the day Hom hotemeny MARYLAND b. CITY OR TOWN (if outside corporate limits, c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 16 write RURAL and give nearest fown) Oller Spring Washington d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, a ve street address) d. STREET ADDRESS . IS RESIDENCE ON A FARM? Althow Woodland Kersing Form 1000 Disterious Dr YES NO T 5041 Loughboro Rd. mpletel 3. NAME OF Month DECEASED OF (Type or print) DEATH 19 and cor 5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 1 B. DATE OF BIRTH 9. AGE (In years) IF UNDER 1 YEAR IF UNDER 24 HRS. last birthday) | Months | Days WIDOWED DIVORCED Female yrs. c 10a. JSUAL OCCUPATION (Give kind of work BIRTHPLACE (County & State or foreign country) 12. CITIZEN OF WHAT COUNTRY! done during most of working life, even if retired) 13. FATHER S NAME At Home please settending t 16. SOCIAL SECURITY NO | 17. INFORMANT 15. WAS DECEASED EVER IN J.S. ARMED FORCES? (Yes, no, or unknown) | [Hypsgivewarior dates of service] Hospital permit. prevaleged britice relevate trucular INTERVAL BETWEEN 18. CAUSE OF DEATH [Enter only one cause pergine for (e), (b), and (c).] þ ONSET AND DEATH attending physic as been signed b burial-transit per PART I. DEATH WAS CAUSED BY: W IMMEDIATE CAUSE (a) I DUE TO Conditions, if any, which \ [b] gave rise to immediate cause **DUE TO** (a), stating the underlying PART II. OTHER S.GNIFICANT, CONDITIONS CONTR. BUTING TO DEATH BUT NOT RELATED TO THE TERMINAL D SEASE CONDITION GIVEN N PART 1(a) 19. WAS AUTOPSY PERFORMED? NO [20e ACCIDENT WAS UNDERLYING [] 20b. DESCRIBE HOW INJURY OCCURED. (Enter neture of injury in Pert I or Pert II of Item 18.) OR CONTRIBUTING | CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) (State) 20c. TIME OF INJURY Month, Dev. Year 20d. INJURY OCCURRED 20e. P.ACE OF INJURY (Home, farm, 20f. (City or town) (County) fectory, street, office bldg., etc.) While Not While at work al work 21. I certify that (I) (this hospital) attended the deceased from ... saw the deceased alive on 12nu 8 8 1966, and that death occurred at A.M. from the causes and on the date stated above. 220 SIGNATURE SIGNED TO FUNERAL director, page 3 be filed with the नि M.D. PHYS. DIRECTOR PHYS. 22d. ADDRESS 22c. PHYSICIAN'S 23a. BURIAL, CREMATION, 235 DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, fown or county) (State) Cremation Lees Crematory Washington 25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR'S SIGNATURE VR A15 (4) 15M 7,61 Wm. Lees Sons Washington, DC

AND STATE DEPARTMENT OF HEALTH

MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 15774 CERTIFICATE OF DEATH 1 PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived, if institution; Residence before admission) o. COUNTY h COUNTY Montgomery MARYLAND Maruland b CITY OR TOWN (If outside corporate mits, CLENGTH OF STAY IN 16 c CITY OR TOWN (If autside carparate kmrts, write RURAL and give nearest tawn) write RURAL and give nearest town) Silver Spring
d NAME OF HOSP TAL OR INSTITUT ON (If not in hospital, give street address) 4 years Silver Spring d STREET ADDRESS e IS RESIDENC ON A FARM? 9811 Bristol Avenue 9811 Bristol Avenue □ NO □X 3 NAME OF First Middle Last 4 DATE Month Year DECEASED Della Pearl. Berry November 7 (Type or print) DEATH 19 66 AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS s SEX 6 COLOR OR RACE 7 MARR EO NEVER MARRIED 8. DATE OF BIRTH Jost birthday) Haurs Aug. 16. 1878 DIVORCED Temale White WIDOWED 10a USUA, OCCUPATION (Give kind of work done 11 BIRTHPLACE (County & State or fareign country) 12 CITIZEN OF WHAT 10b KIND OF BUSINESS OR COUNTRY? during most of working life, even if retired) OWN HOME Illinois 14 MOTHER'S MAIDEN NAME 13 FATHER'S NAME Laura B. Shaw Newton B. Adams IS WAS DECEASED EVER IN U.S. ARMED FORCES? 16 SOCIAL SECURITY NO INFORMANT 1 Bristol Avenue ver Spring, Md (Yes, na. ar unknown) If fives give war or dates of service INTERVAL BETWEEN 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c)) Obset AND DEATH PART I DEATH WAS CAUSED BY *MMEDIATE CAUSE (a) DUE TO Canditions, if ony, which gave nse to immediate cause (a), DUE TO stating the underlying couse last 19 WAS AUTOPS PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(6) PERFORMED? NO 20g. ACCIDENT WAS JNDERLYING [205. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Part I or Part II of item 18.) OR CONTRIBUTING CAUSE OF DEATH

MED

(IF EITHER, NOTIFY MEDICAL EXAMINER) 20c TIME OF INJURY Manth, Day, Year

saw the deceased alive an

Haur am.

20d INJURY OCCURRED

at wark 🗀

Not While

at wark

20e PLACE OF INJURY (Home, farm, factory, street, office bldg, etc.)

(City or town)

(County)

(State)

21. I certify that (1) (this hospital) attended the deceased from 12657 / 1965 10 07102 1966, and that death accurred at 630 AM, fram causes and an the date stated above.

2a.	SIGNATURE -	1
	10.	Jan Mithell 186
	1/1/2	GIATIFICAL OFF
72c	PRYSIC AN'S	//
-61.		front to an in 121
	NAME (Type)	William K. Wardron

M.D. 22d ADDRESS

8434 Georgia Aversia RECD BY REGISTRAR

DIRECTOR -

800 Pershing Drive.

STAFF

22b. DATE SIGNED

256 REGISTRAR S SIGNATURE

NAME (Type) 230 BURIAL CREMATION BREMOVAL (Specify)

23b DATE THEREOF

23c NAME OF CEMETERY OR CREMATORY 1966 Bushnell Cemetery

23d LOCATION (City or Town) Bushnell Illinois

1866

(County) (State)

VR A15 (4) 20 M 1/66

deot

ion papers. Pages 1 within 72 haurs after by the Pages

ave carbon

ng phy Ther

signed by the burial-transit p

er this certificate has been significant of detached for use as the bate Dept. of Health prior to be

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director, page 3 should should be filed with the

FUNERAL DIRECTOR:

Page 4 may be retained by the haspital or attending physician.

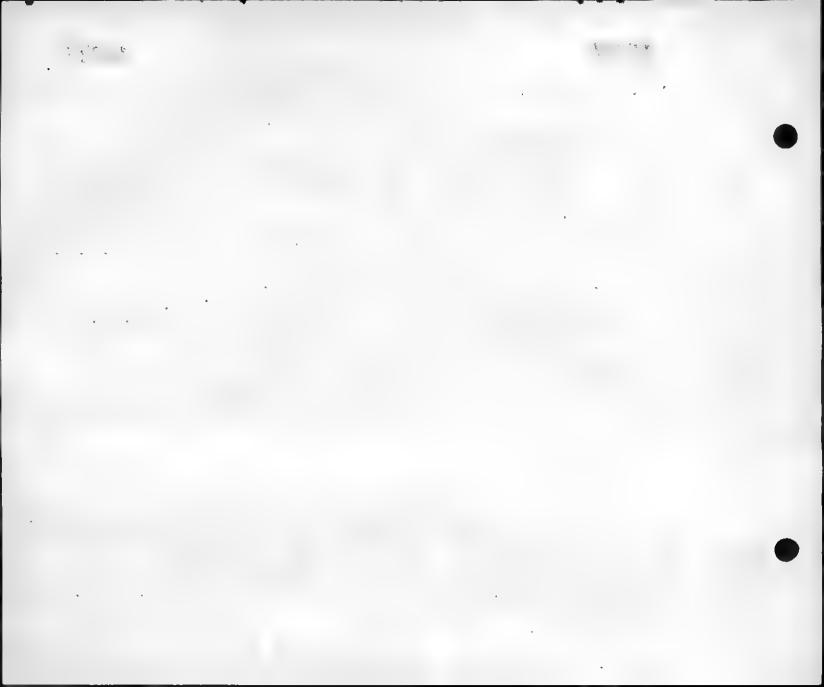
remay

10

C

9

OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after



Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

15775 MEDICAL EXAMINER'S CERTIFICATE OF DEATH PLACE OF DEATH 2. USUAL RESIDENCE (Where deceosed lived, if institution; Residence before admission) o COUNTY Montgome ry Poge 0 MARYLAND Department b CITY OR TOWN (If outside corporate amits, write RURAL and give nearest town) CLENGTH OF STAY N 16 puo Bethesda d NAME OF HOSP TAL OR INSTITUT ON (If not in hospital, give street address) d STREET ADDRESS hours 5422 McKinley Street State (along with 3 NAME OF DECEASED DONALD BORG within (Type or print) S SEX 6 COLOR OR RACE 7 MARRIED NEVER MARR ED DATE OF BIRTH Male White WIDOWED 100 USUAL OCCLIPATION (Give kind of work done 10b K ND OF BUSINESS OR during most of working life even if retired) NDUSTRY Engineer-Administrative- Real Estate Mass. penci 14 MOTHER'S MAIDEN NAME .5 Ernest A. Borg

b COUNTY Montgomery Maryland c CITY OR TOWN (If outside corporate mits, write RuRAL and give nearest fown) Bethesda 5422 McKinley Street YES NO SE 4 DATE Month 27. Nov. 66 DEATH IF LINDER 1 YEAR IF UNDER 24 HRS AGE (In years lost birthday) 12 C TIZEN OF WHAT COUNTRY'S Jessica M. Damon 15 WAS DECEASED EVER IN U.S. ARMED FORCES? 17 INFORMANT Brother 16 SOC A. SECURITY NO 3130 dre Wis. Ave. N.W. (Yes, no, or unknown) (If yes give wor or dates of service) Roland E. Borg Washington, D. C. 047-12-8540 Yes. 1B. CAUSE OF DEATH (Enter only one cause per line for (a) (b) and (c).) INTERVAL BETWEEN PART I DEATH WAS CAUSED BY: Laceration + Maceration of Brain -ONSET AND DEATH IMMEDIATE CAUSE (o) DUE TO Socidon Gun Shot Wound of Head -Conditions, if only, which gove rise to immediate couse (a), DUE TO stoting the underlying couse PART II OTHER'S GNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(6) 19 WAS AUTOPSY PERFORMED? NO 200 EXTERNAL CAUSE WAS PRIMARY PLOT CONTRIBUTING CAUSE OF DEATH 20b DESCRIBE HOW INJURY OCCURRED (Enter noture of enjury in Part I or Port II of item IB.) Self-in RA Side of Head - 22Cal. Pistol-20c. TIME OF NJURY Month, Day, Year 20d INJURY OCCURRED 20e PLACE OF INJURY (Home, form, (Stote) foctory, street, office bldg, etc.) While Not While While at work Bethesda of work Inspection (X), Inquiry (X), 21. I certify that I took charge of the remains described above, held on Autopsy ond in my opinion deoth resulted from: Notural causes Accident . Suicide X. Homicide . Undetermined monner CHIEF MEDICAL EXAMINER **ACTUAL** ASSISTANT MEDICAL EXAMINER SIGNATURE DEPUTY MEDICAL EXAMINER **EXAMINER'S** Bethesda, Md. JØHN BALL Address (Street, city, town, or county) NAME (Type) 23o BUR AL CREMATION. 23b DATE THEREOF 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) (County) Burial (Speedy) Arlington, Virginia 12-5-66 Arlington Natl Cem.

PUMPHREY, Bethesda, Maryland

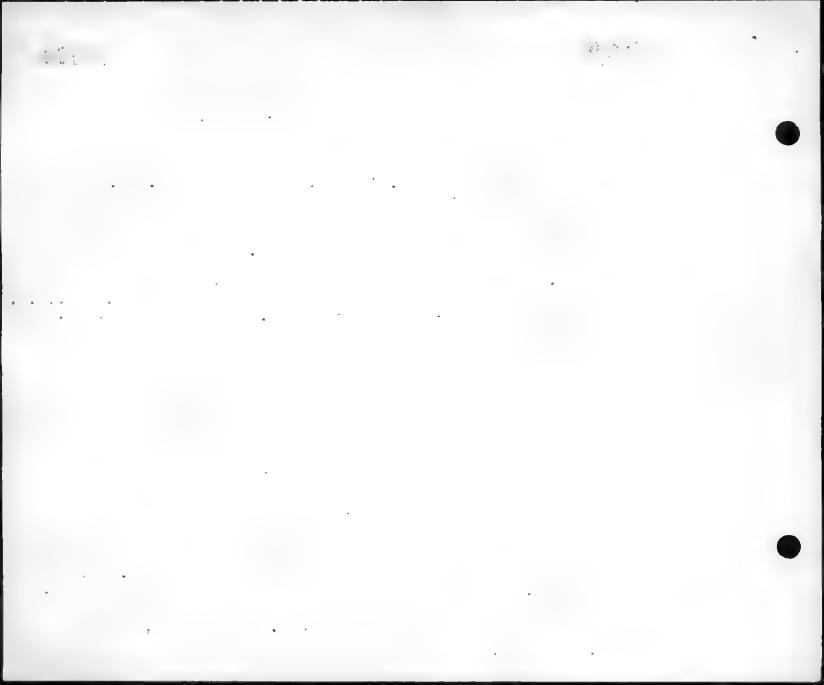
FIE the Chief Medical removal, This certificate shimil writing the ward cremotion, prior should 4 should may be retained for your FUNERAL DIRECTOR: Page funeral director. Page the 6M 1/66

VR A15ME (5)

FUNERAL DIRECTOR

250 REC D BY REGISTRAR BEC 5

2Sb REGISTRAR'S SIGNATURE 1966

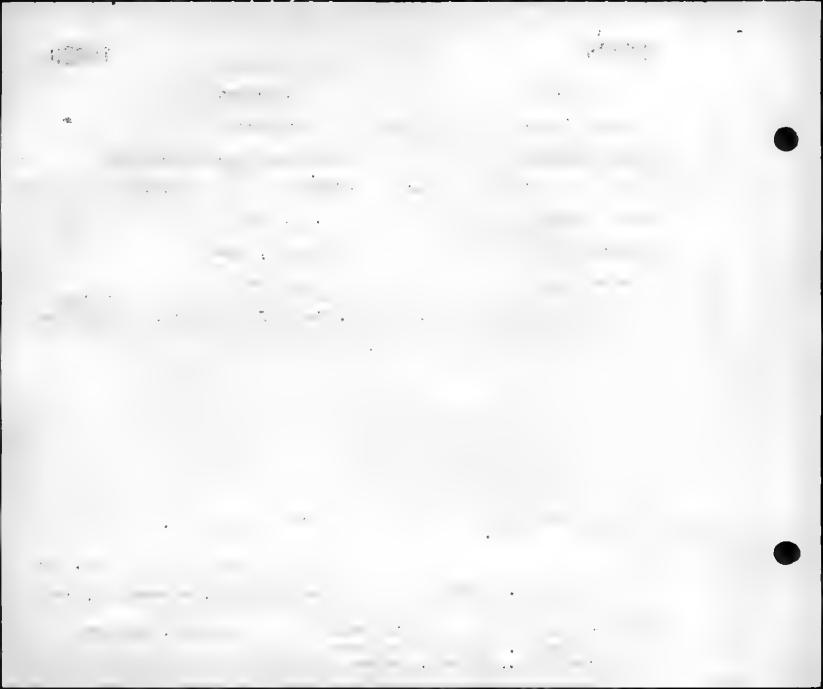


TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physican and campletely filled in by the funeral director, page 3 shauld be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be tiled with the State Dept. af Health priar to burial, cremation determined, and in any event, within 72 hours after death. TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the haspital ar attending physician.

ANADYLAND CTATE DEDADTMENT OF HEALTH

		Division of STATIST	ICAL RESE	ARCH AND RECORDS	, 301	W. PRESTON STRE	ET, BAI	LTIMORE, MARYLA	AND 2120)1		
	15776	5		CERTIFIC	ATE	OF DEATH			13	577	29	
	PLACE OF DEATH					2. USUAL RESIDENCE (V	Vhere dec			before	odmissio	n)
	o. COUNTY MO	ntgomery		MARYLAN	D	o. STATE Tenne	BSEC	b COUNT	Y		.1	
		if outside corporate mit	,	c LENGTH OF STAY IN I	0	c CITY OR TOWN (If ou	tside corp	parate firmits, write RUR/	Al and give	nearest	tawn)	
	Bethese	ia (rural)		168 days		Morristo	WD					
	d. NAME OF HOSP T	AL OR INSTITUTION (If no	it in hospitol,	give street address)		d STREET ADDRESS					IS RESID	
_		Hospital						d North St				NO .
	NAME OF DECEASED	Lind		Middle	700	Last	4 DAT OF	40		Day	Yeo	
ς	(Type or print)	6 COLOR OR RACE	7 MARRIED	Kay NEVER MARRIED [DATE OF BIRTH	DEA	78 Novemb	IF UNDER 1	YEAR I	F UNDER	66 24 HRS
	Female	Cauc	W.DOWED	DIVORCED F	$\exists \mathbf{n}$	ov. 15, 194	6	iost birthdoy) 19 yrs.		Days	Hours	Min
100	. USUAL OCCUPAT ON	i (Give kind of wark dane	10b K	IND OF BUSINESS OR		11 BIRTHPLACE (County				ZEN OF V	WHAT	<u> </u>
dur	ing most of working Housewill	ife, even if retired)	16	IDUSTRY		Tazewell,	Tenr	lessee	(00)	NTRY?	JSA	
13.	FATHER'S NAME					14. MOTHER S MAIDEN N						
	Denver	: Lynch				Ruth Maso						
15 [Ye	WAS DECEASED EVE es, na, or unknown)	R IN J.S. ARMED FORCES? (If yes give year or dotes o	f service)	SOCIAL SECURITY NO		FORMANT MODEO		Addres	2270	hige		
	NO	N/A	3		Mr.	Timothy Fr	ank	Boudrie, 1	899_F			
		EATH (Enter any one cou IH WAS CAUSED BY			-	lure					VAL BET T AND D	
	54	IMMEDIATE CAUSE DUE		Kenae 7	ou	lure						
	Conditions, if ony	which arms	(b)									
	rise to immediat	e cause (o), { NIII										
	last.	Infinit coase	(c)									
8	PART II OTHER SI	GNIFICANT CONDITIONS C	ONTRIBUTING	TO DEATH BUT NOT RELATED	TO TI	IE TERMINAL DISEASE CON	DITION 6	GIVEN IN PART 1(o)		P	VAS AUTO	ED?
S	20o. ACC DENT WA	T OMEN INTO THE	204 0	SCRIBE HOW INJURY OCCUI	onen /	later mature of Information	Dark Las	Dort II of them 10 \		YES		NO A
I CERTIFICATION	OR CONTRIBUTING	CAUSE OF DEATH MEDICAL EXAMINER)			KKED (E	cited noture of injury in a		ŕ				
MEDICAL	20c. TIME OF INI. Hour a.r	3-0	20d. I While	Nat While		E OF INJURY (Home, form ry, street, affice bldg., etc.)		f. (City or town)	(Coun	ity)	(Stote)
	21. I certi		pital) atten	ded the deceased fro	m	May 19 ,) death accurred at	9.66 910I	to Nov. 3	, 19 <u>.6</u>	6 , tha	ı t (⅓) (± stated	we) last Labove
	220 SIGNATURE	000300 01170 011_	-						22b DA1	re signei	0	
	· ·	ere !	K'	emec	M.D	ATTENDING PHYS	MED. DIRECTOR	R D STAFF	4 N	ov.	196	6
	22c PHYSICIAN'S NAME (Type		Kirch	ner		Naval Hos	pita	1, Bethesd	a, Ma	ryle	nd	
230	DE BUR AL, CREMATIC	1		23c NAME OF CEMETER			- 1	LOCATION (City or Tow		County)	(S	tate)
7.		transit 1	.L-5-6	Fairview C	eme	tery 25a, REC'D		zewell. Te	INTERE SIG	CE		
20				rey Funeral esda, Maryla		DATE I	107	1 3 1966	Polia			tge
-	15/1 478	CHOTH WAG!	100 P	cond trat 179	NIG.		100	1 0 1000	<i>(</i>		0	2

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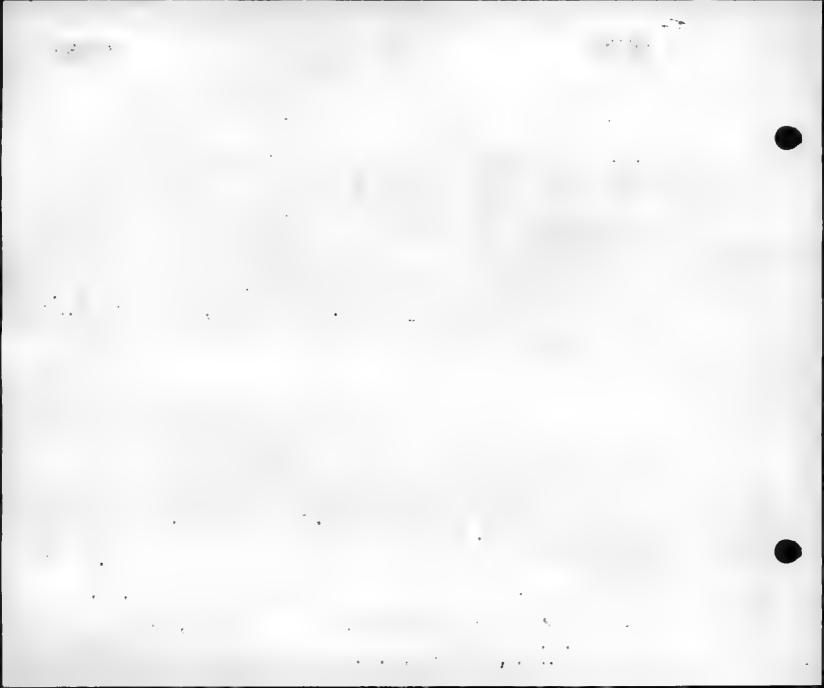


MARYLAND STATE DEPARTMENT OF HEALTH
Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

	15777	CERTIFICATE	OF DEATH	1	5780			
	PLACE OF DEATH U. COUNTY MONTGOMERY	MARYLAND	2 USUAL RESIDENCE (V o. STATE FLOR:	Where deceased ived, if institution Residen B COUNTY	ce before admission)			
ŀ	b CITY OR TOWN (If outside corporate limits, write RURAL and give nearest tawn)	C LENGTH OF STAY IN 16		tside carparate limits, write RURAL and give	nearest tawn)			
	BETHESDA d NAME OF HOSPITAL OR INSTITUTION (If not in hosp	FIVE DAYS ofta, give street address)	d STREET ADDRESS		e IS RES DENCE ON A FARM?			
	U. S. NAVAL HOSPITAT		1610 OKATA	OOSA STREET	YES NO X			
i	NAME OF First DECEASED (Type or point) MINNIE NMN	Midd e WALLS	REW'TON	OF DEATH NOVEMBER	Day Year 24 19 66			
	SEX 6 COLOR OR RACE 7 MAR FEMALE NEGRO WIDO	RIED NEVER MARRIED 8		9 AGE (n years IF JNDER last b rthday) Manths				
	I USUAL OCCUPATION (G ve kind of work dane Ing most of working life, even if retired)	OB KIND OF BUSINESS OR INDUSTRY	V	& State, or foreign country) 12 (II	IZEN OF WHAT UNTRY? TED STATES			
13.	DOMESTIC FATHER S NAME		14. MOTHER'S MAIDEN		TED DIRIED			
	WILLIE WALLS		MAMTE MA	ARSHATL				
	WAS DECEASED EVER IN U.S. ARMED FORCES? es, no, or unknown) (if yes give wor or dates of service) NO		NFORMANT	rkins, 411 Econfine	Fla. a St., Milto			
	Canditians, Lony, which gove itse to immediate cause (a), stating the underlying cause (c)		OTOMY DPLASM		ONSET AND DEATH			
ATION	PART 11 OTHER SIGNIFICANT CONDITIONS CONFRIB.	TING TO DEATH BUT NOT RELATED TO T	HE TERMINAL DISEASE COM	IDITION GIVEN IN PART 1(0)	19 WAS AUTOPSY PERFORMED? YES K NO			
CERTIFICATION	20 ACCIDENT WAS UNDERLYING ☐ 20 OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	Ob. DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in	Part I ar Part II af item 18)				
MEDICAL	Haur a.m. p.m. 19	While Nat While factors twark at work	E OF INJURY (Hame, fair iry, street, affice bldg., etc.)		enty) (State)			
	21. I certify that (I) (this haspital) attended the deceased fram Nov. 19 , 19 66, ta Nov. 24 , 196, that (I) (we) las saw the deceased alive an Nov. 24 19 66, and that death accurred at 845PM, fram causes and an the date stated abave							
	220. SIGNATURE M.D ATTENDING MED STAFF NOV. 2							
	NAME (TYPE CDR F. H. O CO	NNEL MD	Naval Hos	epital, Bethesda, M	a			
	BUR AL, CREMATION, PREMOVAL (Specify) 1-26-66	23c NAME OF CEMETERY OR C		Milton, Florida	(County) (State)			
	FUNERAL DIRECTOR W. W. Chamber			BY REGISTRAR 2Sb REG STRAR'S S				
7	100 Chamin St N W We	chington D. C.	DATE N	OV 00 1000 Miles	woodelle.			

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campietely filled in by the funeral director, page 3 should be detached far use as the buria-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept of Health priar to burial, crematian, or removal, and in any event, with in 72 haurs after death. Page 4 may be retained by the haspital or attending physician. VR A15 (4) 20 M 1/66

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death.



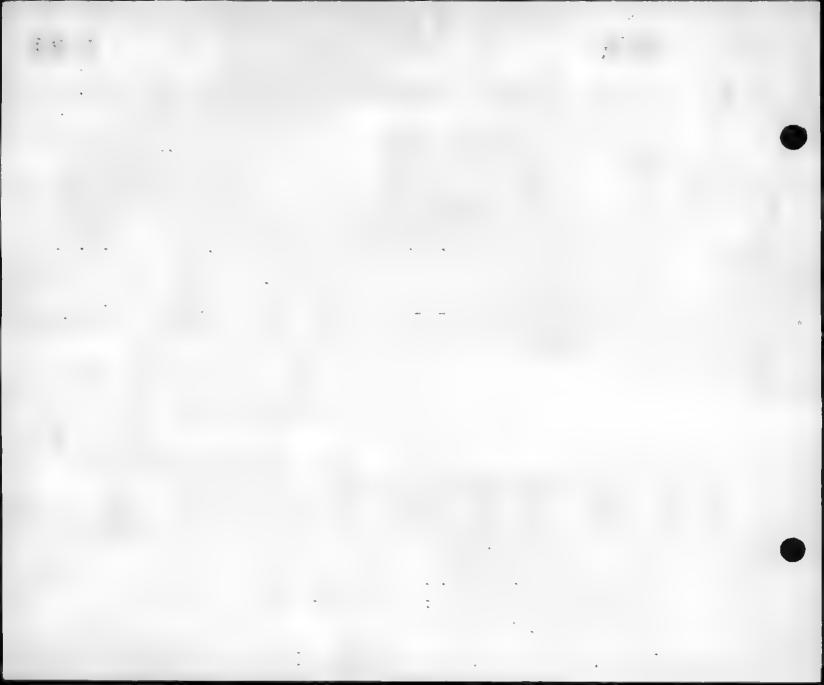
TO DEPUTY MEDICAL EXAMINER. This certificate should be executed within 24 hours after death. If any delay is necessary, please execute the certificate, writing the word "bending" in pencil in Item 18. Give Pages 1, 2, and 3 to the funeral director. Page 4 should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for your files.

TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File place, and 2 with the State Department of Health or its designated agent, prior to burial, cremation, or removal, and in any event within 72 hours after death.

VR A15ME 3500 4-64

						, 301 W. PRESTON		BALLIMUR	E 1, MAI	KYLA	ND	
	15778	IV	IEDICAL	EXAMINER'	S	CERTIFICATI	E OF D	EATH		15	78	
1.	PLACE OF DEATH e. COUNTY					2. USUAL RESIDENC	E (Where dece			sidence	before at	im Isslan
	44	ontgomery		44404144	un	a. STATE	ruland	b. coun	2.4	atec	and a street	
Н	b. CITY OR TOWN	I (If outside corpora	ate limits,	MARYLAN c. LENGTH OF STAY IN		c. CITY OR TOWN (If	outside corp	prate Hmits, wri	te RURAL	and give	MEAL	t town)
	Write RURAL	end giva nearest to	wn)			Silver Spr	140					
-	Jakoma (c		ON (If not In hi	ospital, give street addr	ess)	d. STREET ADDRESS	rry			8.	IS RES	IDENCE
	Washingto	on Sanitar	ium and	Hospital.		1034 Unive	raitul	Rlud. 8		V	ON A I	NO A
3.	NAME OF		Irst	Middle		Lest		Month		Dey	Yea	
	DECEASED (Type or print)	Alia	0	0	J.	Briaham	4. DATE OF DEATH	A1 1		12	19	66
5.	SEX	6. COLOR OR RACE	7 MARRIED	NEVER MARRIED		B. DATE OF BIRTH		AGE (In years)	1FUNDER 1	YEAR		
	Commela	test a .	WIDOWED		-	At 00 100	_	last birthday)	Months	Days	Hours	Min.
108	Jemale	White ION (Give kind of worl		IND OF BUSINESS OR		May 22 192	tate or foreig	n ebuntry)	12. CI	TIZEN O	F WHAT	l .
dut	Ting most of working	ng life, even If rethr	ed) Moni	NDUSTRY	1	Washingt		0	//	UNTRY?	а	
13	. FATHER'S NAME		1.1070	tg. Co. Scho	02	14. MOTHER'S MAID			i a	ರಿ.	//-	
	C + C	1 . 1				Ontain M	Ollanon .					
15	. WAS DECEASED E	<i>lark</i> Ver in U.S. Armed F	ORCES? 16.	SOCIAL SECURITY NO.	17.	Dessie M.	Thomas	Addres				
(Y	es, no, or unkown)	(If yes give war or dates	of service)	70 00 0055	۸	1 :2 . 1	į	1737 Lad	d St.		,	
_	/YO 18. CAUSE OF D	YONE I Enter only o		78-28-3055 Ine for (a), (b), end (c),]	1.8	conard Brigh	Qtt	wer of	pring	INTER	VAL BE	TWEEN
		ATH WAS CAUSED B	Y: A	cute pneumo		tis				ONSE	TAND	DEATH
	L V / /											
	Conditions, if eny, which \ Tatty metamorphosis of liver											
	gave rise to immediate											
	cause (a), stating the DUETO underlying cause last.											
M	PART IL OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(8) 119. WAS AUTOPSY											
ATI	Chronic alcoholism YES NO											
IF50	202 EXTERNAL CAUSE WAS 206 DESCRIBE HOW INHIRY OCCURRED. (Enter nature of Injury in Part or Pert of Item 18.)											
ERT	PRIMARY TO OF CAUSE OF DEATH	CONTRIBUTING [
AL C		20c. TIME OF INITIRY Month. Day, Year 20d. INJURY OCCURRED 20c. PLACE OF INJURY (Home, farm, 20f. (City or town) (County) (State)									State)	
MEDICAL CERTIFICATION	Hour a.m. While Not While factory, street, office bidg., etc.)											
Σ	p.m. 19 at work											
	death resulted from: Natural causes (**), Accident [, Suicide [, Homicide [, Undetermined manner []											
	death resolved dom: Mathan causes 12, Accident, Consider, Institution, Chief medical examiner											
	ACTUAL ON 10 10 10 10 10 10 10 10 10 10 10 10 10									SIGHED		
	Belden K. Rean W. II DEPUTY MEDICAL EXAMINER X 16/19/1											
	NAME (Type) 11502 Grandview five, wheaton, ild Address (Street, city, town, of county)											
23	a. BURIAL, CREM	ATION, 236. DATE	THEREOF	23c. NAME OF CEM	ETER	OR CREMATORY	23d. L0	CATION (City, to	or cou	injy)	(S	tate)
	Burial (Spe	Nou.	17.1966	Parklawn (enu	eteru	Koci		claryl			
24	4. FUNERAL OIRE	CTOR	1 /18 1 () a	THE ADDRESS		258. RE	C'D BY REGIS		EGISTRAR'		ATURE	
	C. Glen (Pumphreu	Inc	8434 460	ra	ia Hue DATE	V18	3_1966	Mila	ree	Jus	42

tems 18%21 Film 383 MARYLAND STATE DEPARTMENT OF HEALTH



TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be dirached for use as tille burial-transit permit. Then please, remove carbon papers. Pages 1 and 2 should be filled with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death. 24 hours after death. TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within Page 4 may be retained by the hospital or attending physician.

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
15779

CERTIFICATE OF DEATH
15782

1.	PLACE OF DEATH a. CDUNTY	2. USUAL RESIDENCE (Where deceased lived, If Institution: Residence before admission)
		a. STATE b. COUNTY Maryland Montgemery
	b. CITY DR TOWN (if outside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 1b	Maryland Montgomery c. CITY OR TOWN (If outside corporate limits, write RURAL and give hearest town)
	Silver Soring d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address)	Silver Spring
		d. STREET ADDRESS e. IS RESIDENCE DN A FARM?
	1220 Blair Mill Road	1220 Blair Mill Road YES NO
3.	NAME OF First Middle Z	Last 4. DATE Month Day Year
	(Type or print) MIY (aux	17 DEATH /YOVERUBEY 2 1966
5.	SEX 6. COLDR DR RACE 7. MARRIED NEVER MARRIED 8	8, DATE DF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 ARS. last birthday) Months Days Hours Min.
F	emale Cauc WIDDWED DIVORCED	85 yrs. Months Days Hours Min.
1Da	emale Cauc WIDDWED WIDDWED STORED STO	11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN DF WHAT
Uur	ring most of working life, even if retired) INDUSTRY	Russia II.S.A
13.	. FATHER'S NAME	Russia U.S.A.
	Golieb	
15.		INFORMANT Address Cil Co Nd
(Ye	es, no, or unkown) (If yes give war or dates of service)	311.30. Ma.
-		bner L. Rosendorf-1220 Blair Mill Rd.
	18. CAUSE OF OEATH [Enter only one cause per line for (a), (b), and (c).]	INTERVAL BETWEEN DNSET AND DEATH
	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)	7
	DUE TO	
	Conditions, if any, which) (b) (erebra)	Intombasic il months
	gave rise to immediate	1) (
	cause (a), stating the underlying cause last.	Arterius derosis lears
201	FART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELA	ATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY
CAT		PERFORMED? YES NO T
E	20a, ACCIDENT WAS UNDERLYING [7] 20b. DESCRIBE HOW INJURY DCCU	URRED, (Enter nature of Injury in Part I or Part II of Item 18.)
CERTIFICATION	OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	RRED. (Enter lieture of injury in race of race of reaction and
MEDICAL	factor	ACE DF INJURY (Home, farm, 20f. (City or town) (County) (State)
E	Hour a.m. p.m. 19 At work at work	13, 511 ear, otto o mage, a to-1
	21. I certify that (I) (this hospital) attended the deceased from J	De c 3 1965, to Nax 2 1966, that (1) (we) last
	saw the deceased alive on Nov 2 1966, and that	t death occurred at 43°AM, from the causes and on the date stated above.
	22a. SIGNATURE	22b. DATE SIGNED
	Reference & M.D.	D. PHYS. XI DIRECTOR PHYS. 11/2/66
	22c. PHYSICIAN'S	22d. ADDRESS /
	NAME (Type) Robert B. Harell	55/6 Nebraska/tre V.
23a	BURIAL, CREMATION, 236. DATE THEREOF 23c. NAME OF CEMETERY	Y OR CREMATORY 23d. LDCATION (City, town or county) (State)
	Burial 11/3/66 Talmud 1878	Washington, D.C.
24.	FUNERAL DIRECTOR ADDRESS 3501	1-14th 25a. REC'D BY REGISTRAR, 25b. REGISTRAR'S SIGNATURE
Be	ernard Danzansky & Sons St., N.W.H	Most
	That's paneautory & outo over the	1000

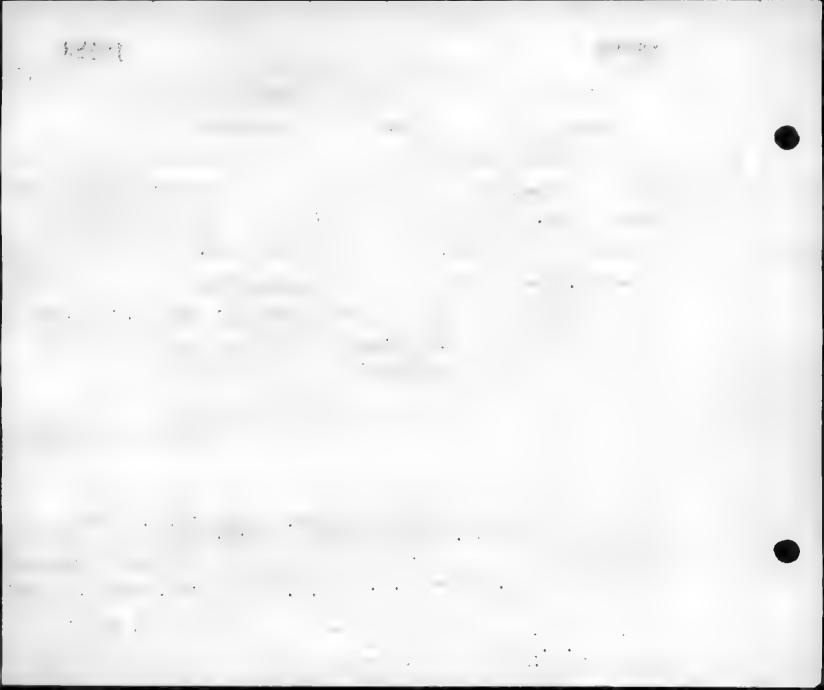
VR A15 (4) 15M 4-64

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

M		15780			CERT	IFICATE	OF DEATH		15783	
F .		PLACE OF DEATH					2. USUAL RESIDENCE (Where deceosed lived, if inst	tut on Residence before oam ss	ion)
	0	o. COUNTY	ntgomery		MA	ARYLAND	o STATE b. COUNTY Maryland			
	ŀ		If outside corporate limit	rs.	c LENGTH OF STA				RURAL and give nearest town)	-
		write RURAL on	give nearest tawn)	**			,		1/-1	
		Bethesda(rural)		nt in Landau	20 Day	78	d STREET ADDRESS	Springs	e IS RESI	DENCE
									ON A I	FARM?
			<u>sda Naval k</u>	lospital				Mahan Road	YES	
	3 NAME OF First Middle DECEASED					Lost	4 DATE M	onth Doy Ye	109	
	- {	Type or print)	Marg	aret	Allett		Brooks	DEATH November		
	5 5	SEX	6. COLOR OR RACE	7 MARRIED	NEVER MARR		8. DATE OF B RTH	9 AGE (In years		R 24 HRS
	F	'emale	Cauc.	WIDOWED	DIVOR	CFD 🔲	26 July 191	1 Jost birthdoy)	10013	18210.3
:	100	USUAL OCCUPAT OF	(Give kind of work done		ND OF BUSINESS OR		1) BIRTHPLACE (County	& State, or foreign country)	12 CITIZEN OF WHAT	
	durii	ng most of working Housewi	ite, even if retired)		oustry 2 Home		Rock Isla	nd Ill.	USA ?	
	13. FATHER'S NAME						14. MOTHER'S MAIDEN			
	Charles D. Snyder Is was deceased ever in u.s. armed Forces? 16 SOCIAL SECURITY NO 17.						Grov Da	a./Fitz		
							INFORMANT Address			
	(Yes no orank pown). (If yes give wor or dates of service)					lbur Brooks 4415 Mahan Rd.Silver Springs				
						71.1	Tour brooks	441) Manan	INTERVAL BE	
		PART I, DEA	EATH (Enter only one co FH WAS CAUSED BY		o), (b), ond (c).) Renal Fai	llure			ONSET AND	
		IMMEDIATE CAUSE (O)								
		4 1.4 3		10	Myelofibi	cosis				
		Conditions, if ony rise to immediat	e couse (n)	(b)						
		stoting the unde	rlying couse DUI	10						
		last.	,	(t)					<u> </u>	
_	<u> </u>	PART II OTHER SI	GNIFICANT CONDITIONS	CONTRIBUTING T	O DEATH BUT NOT R	RELATED TO 1	the terminal disease coi	IDITION GIVEN IN PART 1(o)	19 WAS AJI PERFORM	
/	ATIC								YES Y	NO .
	CERTIFICATION	200 ACCIDENT WA		205 DES	CRIBE HOW INJURY	OCCURRED.	(Enter noture of injury in	Port I or Port II of item 18)		
	ER		CAUSE OF DEATH MEDICAL EXAMINER)							
	MEDICAL	20c. TIME OF INJ	JRY Month, Doy, Year	20d IN	JURY OCCURRED		CE OF INJURY (Home, form		(County)	(Stote)
	욅	Hour o.i	n.	While of work	Not While	n foct	ory, street, office bldg , etc.			
	- }		III.			d from	27 Oct 1	0 66 to 35 No.	v., 19_66that-UT	(we) lost
		sow the d	ecoused upon un	15 Nov.	19 66	and the	t death accurred at	5 · 45 PM from rouse	es and an the date state	d above
		220 SIGNATURE	eccosed dilve dri_		17.224	, 4110 1110	T dodin decorros s		22b. DATE SIGNED	
į			T. K			M.I	D. PHYS.	MED STAFF PHYS	16 November	r196
İ		22c PHYSICIAN S	Dates	T [[]	16		22d ADDRESS	DIRECTOR CO (111)		
		NAME (Type	reter	r. Kirci	hner, M.	D.	U. S. Nav	al Hospital.	Bethesda, Mar	yland
	230	BUR AL, CREMATIO	ON. 23b DATE TH	IEBEUE	23c NAME OF CE	METERY OF		23d LOCATION (City or		Stote)
	230	REMOVAL (Specify	Α							2.010}
	24	Burial FUNERAL DIRECTO			Chippian		emetery	BY REGISTRAR 25b	nd, Illinois REGISTRAR'S SIGNATURE	
	24.	TOWERAL DIRECTO	c/ Wassisa Zaruu	iphrey F	unerainH	ome				
	81	134 Geor		Silver S	opring, M	arylaı	nd DATE N	01/ 1 8 1956	Elizaber In	40-
	. (mun 13. H	romas						4 - 0	0

TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours ofter death.

Page 4 may be retained by the hospital or attending physician. **TO FUNERAL DIRECTOR:** After this certificate has been signed by the attending ply screp and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremotion, or removal, and in any event, within 72 hours ofter death. VR A15 (4) 20 M 1/66

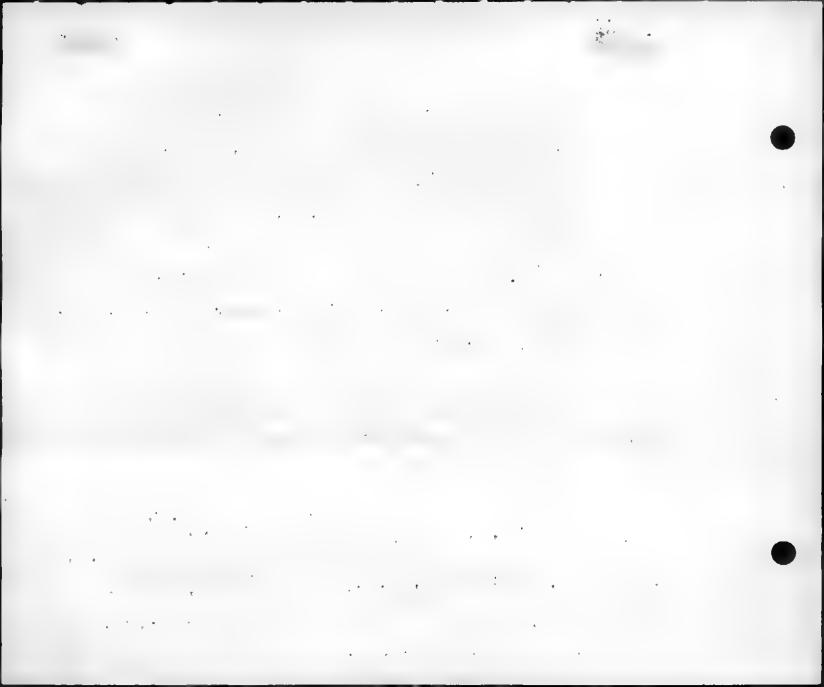


10 FUNERAL DIRECTOR. After this certificate has been signed by the attending physician and Completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please femove Carbon papers. Pages 1 and 2, should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death. TO BOSITIES OF ETTENDING PRYSMEN. The law requires that the death certificate be executed within 24 hours after Beath. Page 4 may be retained by the hospital or attending physician.

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
CERTIFICATE OF DEATH
15784 15781

1.	PLACE OF DEATH	2. USUAL RESIDENCE (Where deceased lived, It institution: Residence before admission)					
	a. COUNTY MONTGOMERY MARYLAND	a. SIME Maryland b. county ontgomery					
		CLTV DE TOWN (II	outside corporate limits, write RURAL	and give nearest town)			
	write RURAL and give nearest town)	,		=			
	Olney 27 days		- Purdum	151;			
	d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address)	d. STREET ADDRESS		e. IS RESIDENCE ON A FARM?			
	Montgomery General Hospital	RFD#	1, Monrovia	YES X NO			
3.	NAME OF FIRST MIDDLE PECEASED	Last	4. DATE Month	Day Year			
		own	DEATH Nov.	7 19 66			
5.	SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED	8. DATE OF BIRTH	9. AGE (In years IF UNDER last birthday) Months	1 YEAR IF UNDER 24 HRS. Days Hours Min.			
	Male White WIDOWED DIVORCED	Nov. 23, 18	888 77 yrs.	Days Hours Min.			
10a	. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR Ing most of working life, even if retired) INDUSTRY	11. BIRTHPLACE (C	ounty & State, or foreign country) 12, 0	ITIZEN OF WHAT			
uui		Purdur	n, Md.	USA			
13.	Farmer Own farm	1 14. MOTHER'S MAIL		0011			
	Tuesdal in Duesse	ti2	. c. Chucthana				
15	Franklin Brown . WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO.] 17.	INFORMANT	nce Strothers				
(Ye	s, no, or unknown) (If yes give war or dates of service)	IIII OKBIANI	71241000				
_	No 219-36-2586 D	alaney P. J	Brown, Germantow				
- 1	18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]			INTERVAL BETWEEN ONSET AND DEATH			
	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Adeno-carcinoma of	f colon		6 years?			
	DUE TO						
	Conditions if any publish t						
	gave rise to immediate						
	cause (a), stating the DUE TO						
Z	underlying cause last. (c)	TER VATUE TERMINAL P	NOTACE CONDITION OF THE PART TO	19. WAS AUTOPSY			
2	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELE	ALED TO THE LEKWINAL C	DISEASE CONDITION GIVEN IN PART 1(8)	PERFORMED?			
ICA	Arteriosclerotic Cardio-vascular-renal	Disease		YES NO			
CERTIFICATION	20a. ACCIDENT WAS UNDERLYING TOR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	JRRED. (Enter nature of	f injury in Part (or Part () of item 1	8.)			
	NO 111 IULY	AR (MAIRWALL)	100	ounty) (State)			
CA	20c. FIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLA Hour a.m. While Not while	ory, street, office bldg., e	erm, 20f. (City or town) (Go	unty) (State)			
MEDICAL	Hour a.m. While Not While p.m. 19 at work at work						
	21. I certify that (I) (This hospital) attended the deceased from	January 1	93.5 to Nev. 7, 1,9196	, that (i) (week last			
	saw the deceased alive on Nov. 7 19.66, and that	t death occurred at.	7:45M, From the causes and on	the date stated above.			
1 20h PATE CICNED							
	Za. Signatura Za Clandra Da ar C M.		MED. DIRECTOR PHYS. NO	v. 8, 1966			
	22c. PHYSICIAN'S		701 Church Street				
	NAME (Type) M. McKendree Boyer, M. D.		Damascus, Maryland,				
23a			23d. LOCATION (Gity, town or co	ounty) (State)			
	REMOVAL (Specify)	V.4 a.m	D 3 37.3				
24	Burial Nov. 9, 1966 Mountain	<u>V 1 e W</u> } 25a. RE	C'D BY REGISTRAR 256. REGISTRA	S SIGNATURE			
	Olin L. Molesworth. Damascus. Md.			carles Judge			
	ATTH M. MOTERMOLPH, DSHBECHE MO.	DATE	1. 1. T T 15.00 //-	- V A A			

VR A15 (4) 20M 1/65



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

TO MUNICIPAL OR MITTENNING PRIVICALITY: The law requires that the denth certificate be executed within 24 hours after denth.

Page 4 may be retained by the haspital or attending physician. TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 shauld be detached far use as the burial-transit permit. Then pleasy temave carban papers. Pages 1 and 2 hauld be filed with the State Dept. af Health priar ta burial, crematian, ar remaval, and provent, within 72 haurs after death VR A15 (4) 28M 1/67

	15782			CERTIF	ICATE	OF DEATH			157	85	
	PLACE OF DEATH o COUNTY	Aontgomery		444		2. USUAL RESIDENCE (No. STATE)		ed lived, if institut b (OJ)	STEE	before odmi:	. ,
-			\$.	MAK 1 c LENGTH OF STAY	YLAND N 1b	c CITY OR TOWN (If ou		te limits, write RU			
	write RURAL and	If outside corporate mit d give nearest fown) 01		Brinklow			1	5-1			
		AL OR INSTITUTION (IF no		7 days		d STREET ADDRESS				e S RF	ESIDENCE
	Montg	omery Gener	al Hos	pital						YES [A FARM?
ľ	NAME OF DECEASED (Type or print)	Ernest	rst	Middle		Brown	4 DATE OF DEATH	Nov.			Year 9 66
_	SEX	6. COLOR OR RACE	7 MARRIED	NEVER MARRIE	D AT B	DATE OF BIRTH	9	AGE (n years	F UNDER 1 Y	AR IF UNI	DER 24 HRS
	Male	Negro	WIDOWED	DIVORCE		5-7-18		Last birthday)	Months D	oys Hour	rs Mim.
dur dur	JSUAL OCCUPATION	(Give kind of work dane The even if retired)		ND OF BUSINESS OR DUSTRY Lands	cape	II BIRTHPLACE (County lary)		e-gn country)	12 CITIZE COUN	N OF WHAT	
13.	FATHER'S NAME Albor	t ^B roim				14. MOTHER'S MAIDEN I		barxsbkx	Ro	oinson	n.
15 (Ye	WAS DECEASED EVE es, no, or unknown)	R IN J S. ARMED FORCES? (If yes give wor or dotes o	of service) 16.	SOCIAL SECURITY NO.		rformant ntgomery Gen	n.Hesp	ital Addre		y,MJ.	
~	5 4/./ Conditions, if any rise to immediat stating the unde last.	e couse (a), DUE	(b) (c)	O DEATH BUT NOT RE	LATED TO T	HE TERMINAL DISEASE CON	ADITION GIVE	N Cu		19 WAS AI	UTOPSY RMED?
MEDICAL CERTIFICATION		SUNDERLYING CAUSE OF DEATH MEDICAL EXAMINER)	20b DE	SCRIBE HOW INJURY O	CCURRED (Enter nature of injury in	Port I or Port	Lof Item 18)		YES	NO [
MEDICA	Hour to it	7:5	While of worl	ed the deceased	from	E OF NJURY (Home, form ry, street, office bldg., etc.)	1913	((I'Y or town)	(Count	r) •	(Stote)
		eceased alive on	1 2	<u>V</u> 1966,	and that	death accurred of	MED	STAFF	ond an the	date stat	ed obovi
	22c. PHYSICIAN'S NAME (Type)	Dr.Charles	Ligon	Xv ·	M D	PHYS 22d. ADDRESS	D-RECTOR	EHA2	hung	The The)
,	BURIAL, (REMATIO	12/2	EREOF / G C	AME OF CEM	ETERY OR (the exercise	11/41		1 1 7	ounty)	(Stote)
24	FUNERAL DIRECTO	R	w 14.0 1. 2	ADDRESS	1	ZSO REC'E	EC 7	1966 RE	GISTRAR'S SIGN	Do Ju	dgr.

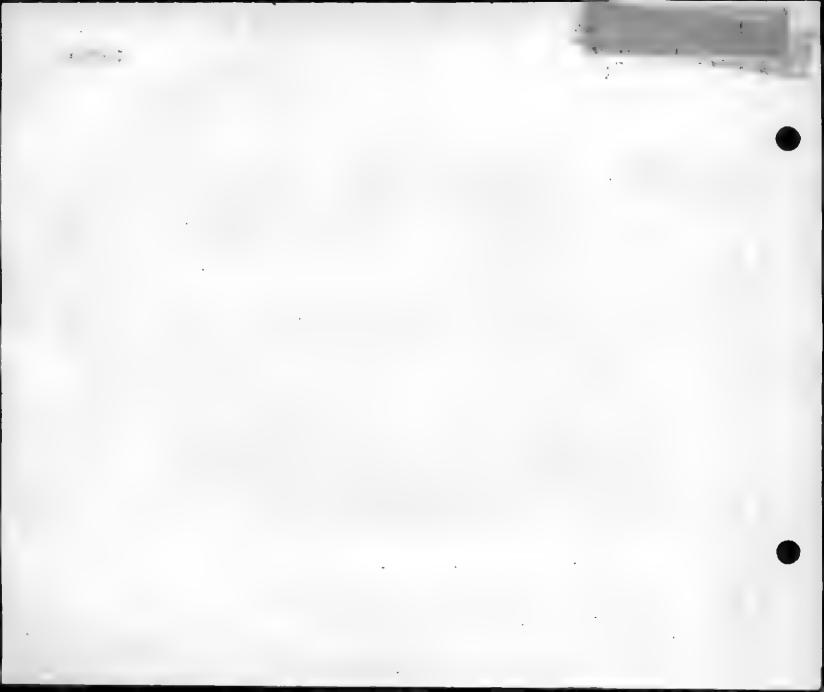
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Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

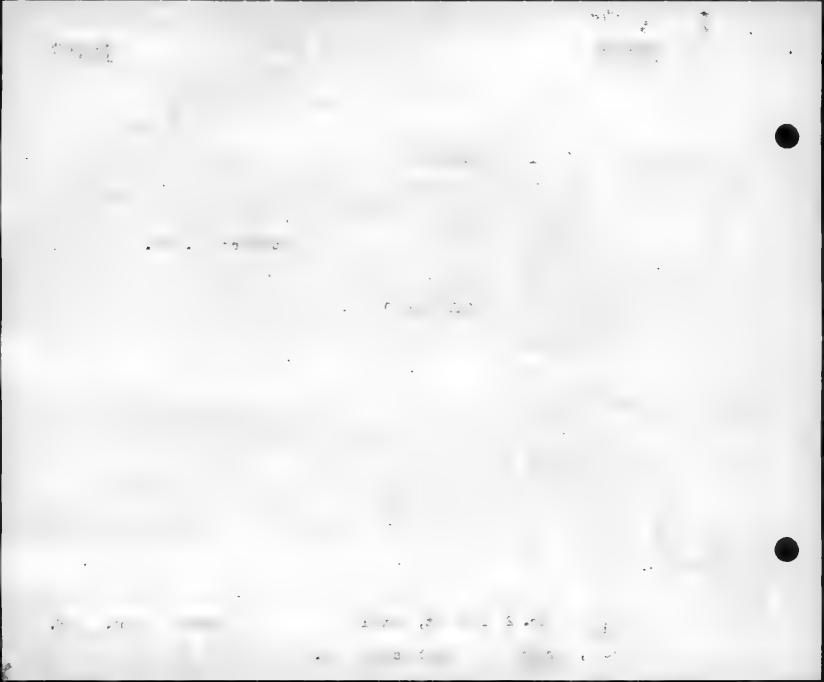
	20103	CERTIFICATE	OF DEATH		15786
1 2000	PLACE OF DEATH O. COUNTY		2. USUAL RESIDENCE (V o. STATE	Where deceased lived, if institution b. COUNT	Y
-	b. CITY OR TOWN (if outside corporate limits, write RURAL and give neares fown)	C LENGTH OF STAY IN 16	_	tside corporote limits, write RURA	At and ye nearest jown)
, -	d. NAME OF HOSPITAL OR INSTITUTION (If not in ho	1	d STREET ADDRESS	Speng	e is residence On a farm?
3.	NAME OF DECEASED	Meddle Meddle	O Lost DUR	4 DATE Month	Doy Year
S	(Type or print) SEX 6. COLOR OR RACE 7 MA	NEVER MARRIED 8	BATE OF BIRTH	9 AGE (In years	1. 3-7 1966 IF UNDER 1 YEAR IF UNDER 24 HRS Months Doys Hours Min
dı	OO JSUAL OCCUPATION (Give kind of work done uring most of working life, even if retired)	TOB KIND OF BUSINESS OR INDUSTRY	11 BIRTHPLACE (County	& State, or foreign country)	12 CT ZEN OF WHAT COUNTRY?
	There Geehart		MACORAGE	+ BRIDINGE	2
C	S. WAS DECEASED EVER IN U.S. ARMED FORCES? Yes, no, or unknown) If yes give wor or dotes of service	e) 16 SOCIAL SECURITY NO 17 I	NFORMANY)	Address	s
	Conditions, if ony, which gave rise to immediate couse (a), stating the underlying couse (c) (c)	Brancheri	neumanie		INTERVAL BETWEEN ONSET AND DEATH
CERTIFICATION	PART II OTHER SIGNIFICANT CONDITIONS CONTRIB	UTING TO DEATH BUT NOT RELATED TO T	· 15 + 7 + 5 + 5	1 . 12 . +	19 WAS A TOPSY PERFORMED? YES NO
		,	, ,	,	
MEDICAL	p. jri,	While Not While of work	E OF INJURY (Home, form ony, street, office bldg., etc.)		(County) (State)
	21. I certify that (1) (this haspital) saw the deceased alive an 220. SIGNATURE	attended the deceased fram	,		, 19 (), that (1) (we) last nd an the date stated above 1 226. DATE SIGNED
	22c PHYSICIAN'S NAME (Type) H	- Arry 1	ATTENDING PHYS 22d. ADDRESS	MED. STAFF DIRECTOR DIRECTOR PHYS	, n
2	30. BUR.AL (REMATION.) 23b. DATE THEREOF 11/28/6	23c. NAME OF CEMETERY OR C		23d LOCATION (City or Tow Washin to	, , , , ,
	24 FUNERAL DIRECTOR Lee Funeral Home	300 4th st	N.E. 250. RECO	BY REGISTRAR 256. REG	ISTRAR'S SIGNATURE

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filed in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages I and should be filed with the State Dept. of Health prior to burial, cremation, a termoval, and in any event, within 72 hours after death. TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death Page 4 may be retained by the hospital or attending physician.

VR A15 (4) 20 M 1/66



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE and 2 be executed within 24 haurs ofter death the funeral PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived if institution Residence before admission) g COUNTY lease remave carbon papers. Pages 1 and in any event, within 72 haurs ofter MARYLAND by the n CITY OR TOWN (If outside corporate 1 mits INSTITUTION (If not in hospital, give street address) e IS RESIDENCE ON A FARM? . 🚍 d. STREET ADDRESS □ NO 🗵 3. NAME OF Middle DATE Doy Year campletely DECEASED 19 (Type or print) DEATH IF UNDER 1 YEAR IF UNDER 24 HRS DATE AGE (In years S. SEX 6 (O.OR X OF BIRTH 7 MARRIED **NEVER MARRIED** Months 74 lost birthday) Doys Hours WIDOWED DIVORCED physician and 10b KIND OF BUSINESS OR 12 CIT ZEN OF WHAT INDUSTRY COUNTRY? Md. Montgomery Co. requires that the death certificate 13 FATHER'S NAME 14. MOTHER'S MAIDEN NAME ᆸ burial, cremation, ar removal, attending phys ROOMS INFORMANT 16 SOCIAL SECURITY NO 17 permit. (Yes, no or unknown) lift yes give wor or dotes of service) SAME IB. CAUSE OF DEATH (Enter only one couse per line for (o), (b) INTERVAL BETWEEN signed by the burial-transit ONSET AND DEATH DEATH WAS CAUSED BY IMMEDIATE CAUSE (o) Ś. Page 4 may be retained by the hospital or attending physician. DUE TO / CCLUSION Conditions, if ony, which gove rise to immediate couse (a), DUE TO stoting the underlying couse , page 3 should be detached for use as the be filed with the State Dept. of Health prior to CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) WAS AUTOPSY PERFORMED? has TENSIVE USEASE NO DO this certificate 200 ACCIDENT WAS UNDERLYING [20b DESCRIBE HOW INJURY OCCURRED (Enter noture of injury in Port I or Port II of item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER 20c TIME OF INJURY Month, Day, Year 20d INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, (City or town) (County) (Stote) MED Hour o.m. Not While factory, street, office bldg, etc.) at work ot work 21. I certify that (1) (this haspital) attended the deceased from 1966, that (1) (we) last 1966 and that death accurred at 6 A M, fram causes and on the date stated above. TO FUNERAL DIRECTOR: saw the deceased alive an 220 SIGNATURE 22b. DATE SIGNED ATTENDING PHYS. STAFF DIRECTOR M.D. 22d. ADDRESS PHYSICIAN'S NAME (Type) director, I 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town BURIAL, CREMATION (County) (Stote) REMOVAL (Specify) Mt, Carmel 1966 Sunshine Md Mont. Francis Filantes ADDRESS REGISTRAR'S SIGNATURE 2So. REC'D BY REGISTRAR 2Sb. 24 FUNERAL DIRECTOR VR A15 (4), 20 M 1/66 Francis H, Barber DEC Laytonsville



Divisign of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH 1 PLACE OF DEATH 7 USUAL RESIDENCE (Where deceased lived, if institution, Residence before admission) b. COUNTY MONTGOMERY a. COUNTY MONTGOMERY MARYLAND c TENGTH OF STAY IN 15 (CITY OR TOWN (If autside corporate limits, write RURAL and a ve nearest tawn) b. C TY OR TOWN (f autside carparate limits. write RURAL and give negrest town ROCKVILLE 2 days SILVER d. STREET ADDRESS d NAME OF HOSPITAL OR INSTITUTION (Hings in haspital, give street address) 41301 FARMLAND HOSPITAL C.ROSS NO 🖼 Middle. Last 4 DATE DECEASED RROWN NOV. ELLEN 1966 805E DEATH (Type or print) IF UNDER 24 HRS AGE (In years S SEX B DATE OF BIRTH 7 MARRIED NEVER MARRIED last birthday) PEMALE WIDOWED 12 CIT ZEN OF WHAT 10g USUA, OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR during mast of wark ng life, even if retired) COUNTRY? †NDUSTRY own Home 13 FATHER S NAME 14. MOTHER'S MA DEN NAME Mary Burns James P. McGowan WAS DECEASED EVER TO U.S. ARMED FORCES? 16 SOCIAL SECURITY NO. 17 INFORMANT 11301 Farmland Dr. Kockvi (Yes, na, ar unknown) (If we give war ar dates of service) None None 1B CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c)) INTERVAL BETWEEN PART I DEATH WAS CAUSED BY: ONSET AND DEATH METAST ASS CEREBRUM. ADENO CARCINOMA IMMEDIATE CAUSE (a) DUE TO ADENOCARSINOM A Canditians, if any which gave) BREAST rise to immediate couse (a). DUE TO stating the underlying cause fast PART II OTHER SIGNIFICANT CONDITIONS CONTRIBLING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19 WAS AUTOPS) PERFORMED? ESS ENTIAL HUPERTENSION) NO 205. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) 20g ACCIDENT WAS UNDERLYING [7] OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20e PLACE OF INJURY (Hame, farm 20c TIME OF INJURY Manth, Day, Year 20d INJURY OCCURRED (City or town) (County) (State) factory, street, office blda., etc.) at wark at wark 8124 1966, that (1) (we) last 2). I certify that (ID (this haspital) attended the deceased fram_ 11/22 1966 . ta 19 66, and that death accurred at 754 M, from causes and an the date stated above. saw the deceased alive an 11/22 22a. SIGNATURE 22b. DATE SIGNED STAFF PHYS. 22/66 M.D. 22r PHYSICIANS NAME (Type) ROBERTS AVE SILVER SPRING, MD. 8907 GEO. 23c. NAME OF CEMETERY OR CREMATORY 23d, LOCATION (City or Town) 23g BJRIAL, CREMATION REMOVAL (Specify) Gate of Heaven Cemetery Silver Spring. FUNERAL DIRECTOR

8434 Georgia Ave.

funeral exacuted within 24 hours after and in any ar remaval signed by the after burial-transit permit burial, cremat an, a as the prior to b O FUNERAL DIRECTOR: Page 4 may director, should be VR A15 (4) 20 M 1/66

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MARYLAND STATE DEPARTMENT OF HEALTH
Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

1)		15786	CERTIFICAT	E OF DEATH	15789
		LACE OF DEATH COUNTY Montgome	MARYLAND	2 USUAL RESIDENCE (Where deceased lived, if institute of STATE Maryland b (0)	ntion Residence before admission) NTY Mortgomety
	((ITY OR TOWN (If outside corporate line write RURAL and give nearest town)	29 years	c CITY OR TOWN (If outside carparate limits, write RL Silver Spring,	1
		NAME OF HOSPITAL OR INSTITUTION (IF		d. STREET ADDRESS	e IS RESIDENCE ON A FARM?
		8907 Flower Avenu		8907 Glower Avenue	YES NO 🔀
	0	AME OF ECEASED YPE or print) Kens	eth H	Bruner 4. DATE More	mber 6 1966
	5 5	Male White	7 MARRIED NEVER MARRIED DIVORCED	8 DATE OF BIRTH 9. AGE (In years last birthday) 9. AGE (In years 13 1901 65 yrs	Months Days Haurs Min.
	durin	USUA. OCC. PATION (Give kind of work do a mast af working I fe, even if reticed) et. Htty.	106 KIND OF BUSINESS OR U. S. Gout.	11 BIRTHPLACE (County & Stote, or foreign country) Milan, Indiana	12 CITIZEN OF WHAT COUNTRY? A.
	1	FATHER'S NAME Milton E. Bruner		14 MOTHER'S MAIDEN NAME Alice Henthorn	
	[Yes	WAS DECEASED EVER IN U.S. ARMED FORCE , na, or unknown) (If yes give war ar date Les	of service)	INFORMANT arie H. Bruner Silver	ower Avenue Spring Md
		18. CAUSE OF DEATH (Enter only one PART I DEATH WAS CAUSED 8Y. IMMEDIATE CAU	E(0) Hypertem	we arterios Cante Hear	INTERVAL BETWEEN
		Conditions, if any, which gave) rise to immediate cause (a),	(b) Cerebro ver	scular diseiner	37
		lost.	(c)		
	ATEON	PART A OTHER SIGNIFICANT CONDITION:		THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0)	19 WAS AUTOPSY PERFORMED? YES NO
	L CERTIFICATION	20a ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		. (Enter noture of injury in Port 1 ar Part 11 af item 18)	
	MEDICAL	20c TIME OF INJURY Month, Day, Year Haur o.m. p.m.	While - Not While - fa	ACE OF INJURY (Home, farm, 20f (City or town) ctary, street, affice bldg., etc.)	(County) (State)
		21. I certify that (I) (this h saw the deceased alive an	rispital) attended the deceased from_ 1966, and the	ot death accurred at 415 M, from couses	ond on the dote stated obove
		220. SIGNATURE	Tablin "	ATTENDING MED STAFF C	22b. DATE SIGNED
/		22c. PHYSICIAN'S NAME (Type) Ira	Jublin	800 Pershing Drive, S	. S., Md.
	23a	BUR AL, (REMATION, 23b DATE REMOVAL (Specify)	0 1066 Anlington No	tional Com Anlinaton	Historia
	24	FUNERAL DIRECTOR Glen Carter	ADDRESS C	2SO REC'D BY REGISTRAR 2Sb R	REGISTRAR'S SIGNATURE

TO HOSHITAL OR ATTENDING PHYSICIAN: The flow requires that the death certificate by executed within 24 hours after death.

TO FUNERAL DIRECTOR. After this case of the death of the death of the death.

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FOR	STAT	
HEALT	H DE	PT.

delay 15

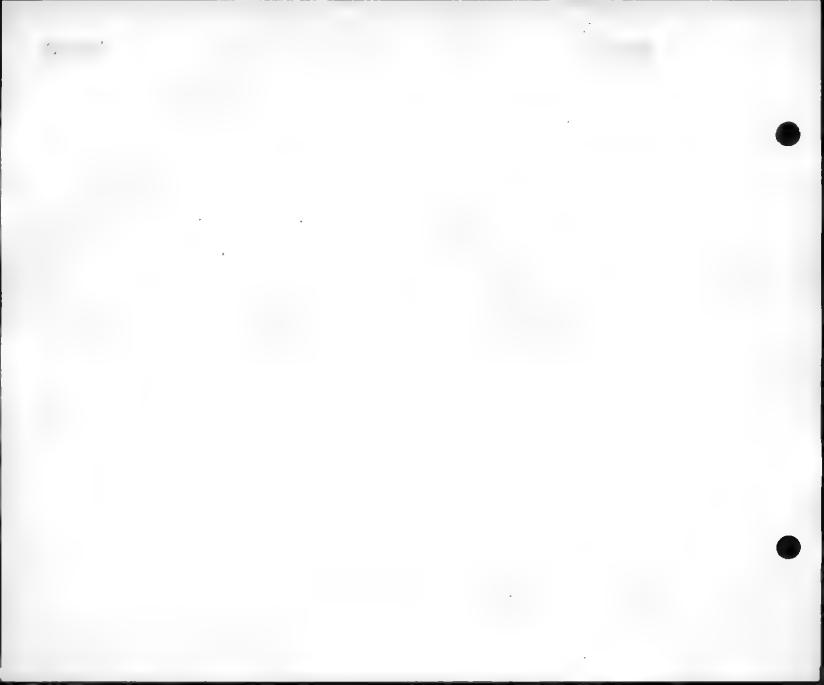
This certificate should be executed within 24 hours after death

TO DEPUTY MEDICAL EXAMINER:

necessary, please execute the certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the funeral director. Page 4 should be forworded to the Chief Medical Examiner's Office along with form PM3. Page the funeral director. Page 4 should be forworded to the Chief Medical Examiner's may be retained for your files.

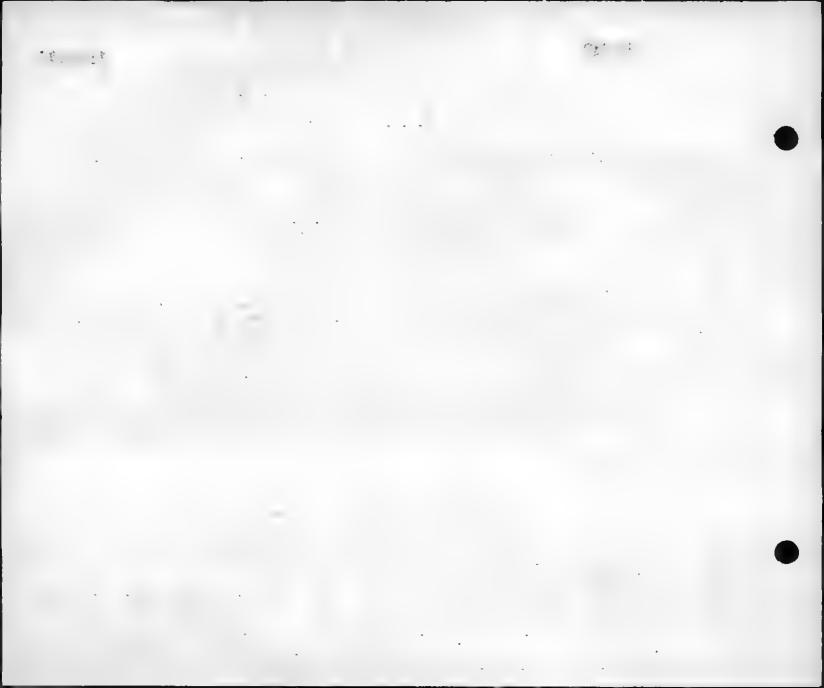
1.	PLACE OF DEATH	2 USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission)
(COUNTY - Mentgomery MARYLAND	o STATE Mary and b COUNTY Montgenery
	b CITY OR TOWN (If outside corporate limits, C LENGTH OF STAY IN 16	c. CITY OR TOWN (If outside carparate limits, write RURAL and give nearest town)
	write RJRAL and give nearest town)	Damacus
-	NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address)	d STREET ADDRESS e IS RES.DENCE
	28720 Ridge Rd	26720 Ridge Rel VES NO X
	NAME OF DECEASED (Type or pnnt) Sorathy Nelle Sc	erdette OF Nov 24th 1966
S.	SEX 6. COLOR OR RACE MARRIED NEVER MARRIED WIDOWED DIVORCED	Nov. 28, 1909 56 7 yrs 9 AGE (In years IF_NDER 1 YEAR FUNDER 24 HRS Months Doys Hours Min
	USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR	11 BIRTHPLACE (State or foreign country) 12 CITIZEN OF WHAT COUNTRY?
duri	ng most of working life, even if retired) Teacher NDUSTRY School	Kensington, Md. USA
13	FATHER'S NAME	14 MOTHER'S MAIDEN NAME
	C. Mack Burdette	Lola Young
15	WAS DECEASED EYER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. 18. s, no, or unknown) [(ff yes give wor or dotes of service)]	NFORMANT Address
(ie	No None None Mone	irs James K. Day, Silver Spring, Md.
	18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), ond (c)) PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (o) Acute fatty metal	INTERVAL BETWEEN ONSET AND DEATH Sudden
	2 8 7 DUE 10	
	Conditions, if ony, which gove) (b) Obesity	Recent
	rise to immediate couse (a), stating the underlying couse DUE TO	
	fast. (c)	
ATION	PART II OTHER S GNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO T	THE TERM WAL D SEASE CONDITION G VEN IN PART 1(0) 19 WAS AUTOPSY PERFORMED? YES X NO
CERTIFICATION	206. EXTERNAL CAUSE WAS PRIMARY ☐ OF CONTRIBUTING ☐ CAUSE OF DEATH	(Enter nature of injury in Part I or Part II of item 18.)
MEDICAL		CE OF INJURY (Home, form, Ory, street, office bldg , etc.) (City or town) (County) (Stote)
	21. I certify that I took charge of the remains described above, he	ld an Autapsy 💢 , Inspection 💢 , Inquiry 💢 , and in my opinion
		ide 🔲, Hamicide 🔲, Undetermined manner 🗌
	ACTUAL O D O	CHIEF MEDICAL EXAMINER
	SIGNATURE John G. Ball	M.D. ASSISTANT MEDICAL EXAMINER
	EXAMMENT'S John G. Ball, N.D.	DEPUTY MEDICAL EXAMINER Address (Street, city town, or county)
230	BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR	CREMATORY 23d LOCATION (City or Town) (County) (Stote)
	REMOVAL (Specify) Burial 11/27/66 Damascus M	eth. Damascus, Md.
24	. FUNERAL DIRECTOR ADDRESS Olin L. Molesworth, Damascus, Md.	250 RECD BY REGISTRAR 256 REGISTRAR'S SIGNATURE CONTROL OF THE PROPERTY OF THE
	,	Table to a life

VR A15ME (5)



MARYLAND STATE DEPARTMENT OF HEALTH
Division of STATISTICAL RESEARCH AND RECORDS, 301 W, PRESTON STREET, BALTIMORE, MARYLAND 21201

15788 CERTIFICATE OF DEATH funeral I and 2 Ier death OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death 2 USUAL RESIDENCE (Where deceased lived, if institut an Residence before admission) PLACE OF DEATH a. COUNTY Montgomery offer MARYLAND b CITY OR TOWN (f autside carparate limits, c LENGTH OF STAY IN 16 c CITY OR TOWN (If autside corparate limits, write RURAL and give nearest tawn) papers. Pag. hin 72 haurs c write RURAL and give negrest town) 5.0.A. Washington B IS RESIDENCE ON A FARM? d NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d STREET ADDRESS Washington Sanitarium and Hospital 1006 Massachusetts Avenue carban Last DECEASED Annie Burns DEATH November 7 (Type or print) AGE (In years 6 COLOR OR RACE B. DATE OF BIRTH IF UNDER I YEAR IF JNDER 24 HRS 7 MARRIED NEVER MARRIED remave and com last birthday) Manths Davs Dec. 8. 1894 and in any White WIDOWED X Temale 10b KIND OF BUSINESS OR 11 BIRTHPLACE (County & State, or foreign country) 12. C TIZEN OF WHAT 10a. LIS., AL OCCUPATION (G ve kind of work done ease Se The Imployed COUNTRY? physicion (ien please during most of working fe, even if refired) Dennessee Gereologist 13. FATHER'S NAME 14 MOTHER'S MA DEN NAME mova James A. Walker Sallie Hansard TS WAS DECEASED EVER IN U.S. ARMED FORCES? 16 SOCIAL SECURITY NO. 118 Fleetwood Terrace permit (Yes, na, ar unknown) (If yes give war or dates of service) ö burial, crematian, INTERVAL BETWEEN 18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c)) signed by the burial-transit p ONSET AND DEATH PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) Page 4 may be retained by the hospital or attending physician. DUE TO Canditions, fany, which gave rise ta immediate cause (a). DUF TO stating the underlying cause this certificate has been Health priar ta the 19. WAS AUTOPSY PERFORMED? PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) INIFICATE. 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18) 20g ACCIDENT WAS UNDERLYING □ OR CONTRIBUTING CAUSE OF DEATH directar, page 3 shauld be detached should be filed with the State Dept. of (IF E THER, NOTIFY MEDICAL EXAMINER 20e PLACE OF INJURY (Hame, farm, (City or town) (County) (State) 20c TIME OF INJURY Manth, Day, Year 20d INJURY OCCURRED factory, street, affice bldg, etc.) Hour am. Not While 12. 1960, to 21. I certify that (I) (this haspital) attended the deceased from_ 11 19 19 and that death accurred at & PM, from causes and on the date stated above. TO FUNERAL DIRECTOR: saw the deceased alive an-22a SIGNATURE MED DIRECTOR 22d ADDRESS 22c PHYS CIAN'S Frederick Schneider 201 8th St., N. E., Wash., D. C. NAME (Type) 23g BURIAL CREMATION. 23c. NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) (Caunty) Paul & Methodist Cem Sautonsville 250 RECD BY REGISTRAR NOV 9 256 REG STRAR'S SIGNATURE VR A15 (4) 20 M 1/66



Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

15799

FOR STATE HEALTH DEPT.

in pencil in Item 18. Give Pages 1, 2, and 3 to

This certificate shows be executed within 24 wors after death 16

deloy is

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15789

with the State Deportment of and with the State Deportment of weht within 72 hours after death. Fort. **O FUNERAL DIRECTOR:** Page 3 should be used as a bunal-transit permit. Fire pages. Heo<u>l</u>th or its designated agent, prior to burial, cremation, or removal, and in any

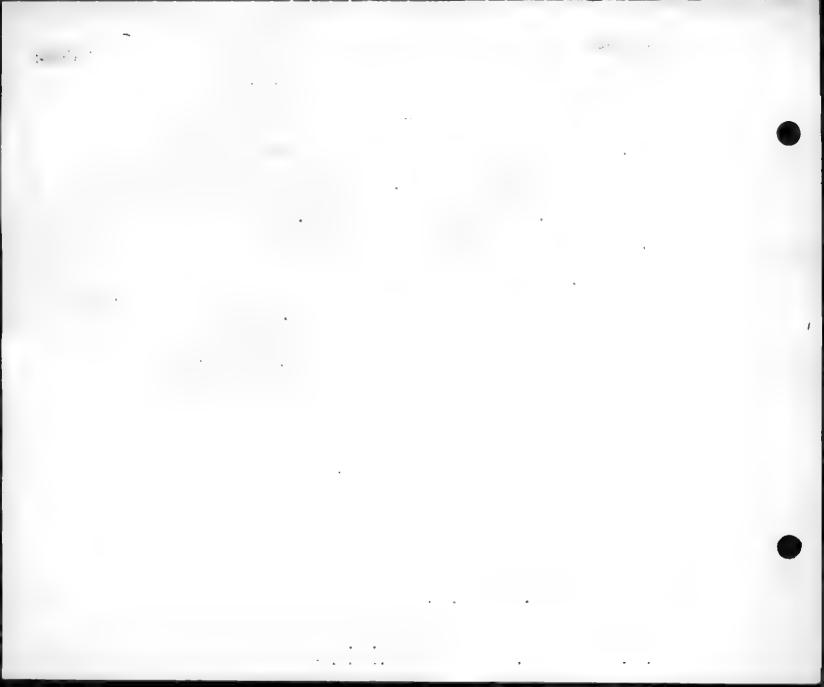
the funeral director. Page 4 should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for your files
TO FUNERAL DIRECTOR: Page 3 should be used as a buriol-transit permit

necessory, please execute the certificate, writing the word "pending"

TO BINDTY MEDICAL EXAMINER:

STATE Michigan Disputation Disputation Disputation City or Town (if out the compared hinds, waste RURAL and give necessal town) City or Town (if out the compared hinds, waste RURAL and give necessal town) City or Town (if out the compared hinds, waste RURAL and give necessal town) City or Town (if out the compared hinds, waste RURAL and give necessal town) City or Town (if out the compared hinds, waste RURAL and give necessal town) City or Town (if out the compared hinds, waste RURAL and give necessal town) City or Town (if out the compared hinds, waste RURAL and give necessal town) City or Town (if out the compared hinds, waste RURAL and give necessal town) City or Town (if out the compared hinds, waste RURAL and give necessal town) City or Town (if out the compared hinds, waste RURAL and give necessal town) City or Town (if out the compared hinds, waste RURAL and give necessal town) City or Town (if out the compared hinds, waste RURAL and give necessal town) City or Town (if out the compared hinds, waste RURAL and give necessal town) City or Town (if out the compared hinds, waste RURAL and give necessal town) City or Town (if out the compared hinds, waste RURAL and give necessal town) City or Town (if out the compared hinds, waste RURAL and give necessal town) City or Town (if out the compared hinds, waste RURAL and give necessal town) City or Town (if out the compared hinds, waste RURAL and give necessal town) City or Town (if out the compared hinds, waste RURAL and give necessal town) City or Town (if out the compared hinds, waste RURAL and give necessal town) City or Town (if out the compared hinds, waste RURAL and give necessal town) City or Town (if out the compared hinds, waste RURAL and give necessal town) City or Town (if out the compared hinds, waste RURAL and give necessal town) City or Town (if out the compared hinds, waste RURAL and give necessal town) City or Town (if out the compared hinds, waste RURAL and give necessal town) City or To	1.	PLACE OF DEATH	-				2 USUAL RESIDENCE (Where deceased lived, if institution, Residence before admission)				
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ANAME OF HOSE FALOR INSTITUTION (if not in hospital) 26550 Badalament Court SESSIBLE Neval Hospital 26550 Badalament Court One fast No X N		b CITY OR TOWN (If outside carparate mit	s,	C LENGTH OF STAY IN	1b	c CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)				
Nave Hospital 26550 Badalament Court						. da	y Farm	ington		Ć-	' 5
Name of First				ot in hospitol, g	ive street address)						e IS RESIDENCE ON A FARM?
Douglas M. EXERS Death November 20 19 66		Naval H	ospital				26550 Bada	lament	Court		
System S	3								Mont	1	Day Year
Male Cauc WIDOWED DIVORCE Sept 11 1944 22 22 32 Months Doys Months D		(Type or print)		glas	М.			DEATH			
Do US. AD CCEPATION (Governor devoyed one double per land on the property) 100 KIND OF BLASS DR 11 BIRTHACKE (State or foreign country) 12 CITIZEN OF WHAT COUNTRY? USA	5			7 MARR ED					AGE (n years last birthday)		
Second control Seco								944 2	22 yrs		417 110013
14 MOTHERS MADEN NAME 14 MOTHERS MADEN NAME 15 MAS DECEASED EVERT IN US ARMED FORCES? 16 SOCIAL SECURITY NO 17 INFORMANT Farmington Address Michigan Merwin D. Byers, 26550 Badalament Court Merwin D. Byers, 26550 Badalament Court Merwin D. Byers, 26550 Badalament Court MidDIAL EAUSE (Sextensive fracture base of skull with hemorrhage Nitrava Beriview MidDIAL EAUSE (Sextensive fracture base of skull with hemorrhage Nitrava Beriview MidDIAL EAUSE (Sextensive fracture base of skull with hemorrhage Nitrava Beriview MidDIAL EAUSE (Sextensive fracture base of skull with hemorrhage Nitrava Beriview MidDIAL EAUSE (Sextensive fracture base of skull with hemorrhage Nitrava Beriview Nitrava Berivie	10	la USUAL OCCUPATION	(Give kind at wark done				11 BIRTHPLACE (State	e or foreign coul	ntry)		
Merwin D. Byers Larene Beighley			110,000111110111011		N/A					20011	
Is CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c)) PART I DEATH WAS CAUSED BY PART I OTHER SIGNIFICANT CONDITIONS CONTRIBUTING CONTRIBUTION	13						14 MOTHER'S MAIDEN	NAME			
Yes Merwin D. Byers, 26550 Badalament Court						Beighle	У				
Second S	1	(S. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, ng. or unknown) lift yes give war or dates of service)					Ψ.		VIII	TATE	
PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (of Extensive fracture base of skull with hemorrhage DUE TO Conditions, if any, which gove it is to immediate cause (o). Storing the underlying cause (o). Storing cause (o). Storing cause (o). Storing (c). Storing cause (o). St				Mo	erwin D. By	ers, 26	550 Bad	alamen	t Court		
MMEDIATE CAUSE (observed the same of skull with hemorrhage DUE TO With lacerations of brain 28 hours DUE TO Storing the underlying couse (a), storing the underlying couse (a), storing the underlying couse (b) DUE TO Storing the underlying couse (b) DUE TO Storing the underlying couse (b) DUE TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN N PART I (a) 19, WAS AUTOPRY PERFORMED? YES NO DESCRIBE HOW INJURY OCCURRED (Enter nature of njury in Port I or Port II of form 18.) PRIMARY OF CONTRIBUTING AUTO Accident Acuse of DEATH Acus			THE MARK CALLOTTO DV								NTERVAL BETWEEN
Conditions, if any, which gave is to immediate cause (a), stating the underlying cause last. PART I OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) PART I OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (b) PART I OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (c) PART I OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (c) PART I OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (c) PART I OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (c) PART I OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (c) PART I OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (c) PART I OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (c) PART I OTHER SIGNIFICANT IN PAR		TAKIT DES	IMMEDIATE CAUSE	Extens	<u>sive fractur</u>	re l	ase of sku	ll with	hemorrh	age	OTAL FILE SERVICE
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PERFORMED? YES NO 200 EXTERNA. CAUSE WAS PRIMARY PLOY CONTRIBUTING CAUSE OF DEATH 200 TIME OF IN. JRY Month, Day, Year Haur a m. 30 pm 11/19 1966 While at work at work of			CNIEICANT CONDITIONS C		O DEATH BUT HOT BELATI	ID TO 1	DE TENNENNE DISEASE CO	ND T ON COMM	N DADT 1(+)		10 WAS AUTODOV
20c TIME OF INRY Month, Day, Year Hour or m. 21. I certify that I taak charge af the remains described abave, held an Autapsy death resulted fram Natural causes , Accident Suicide , Hamic de , Undetermined manner ACTUAL SIGNATURE EXAMINER'S NAME (Type) 20d INJURY OCCURRED O 20e PLACE OF NJURY (Home, farm, factory, street, office bildg, etc.) CHIEF MEDICAL EXAMINER Inquiry , and in my apiniar death resulted fram Natural causes , Accident Suicide , Hamic de , Undetermined manner CHIEF MEDICAL EXAMINER Inquiry Inqui	ATION	PAKI I UINEK SI	GNITICANT COND TIONS C	OWIKIBULING I	O DEATH BUT NOT KELATE	י טו ט	HE TERMINAL DISEASE CO	IND I ON GIVEN	N PARI I(0)		PERFORMED?
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21. I certify that I taak charge of the remains described above, held an Autapsy Inspection Inquiry and in my apinion death resulted from Natural causes , Accident Suicide , Hamic de , Undetermined manner ACTUAL SIGNATURE			MIKIBOTINO L			cic/	ent Thu	m cut	1, car -	_	
21. I certify that I taak charge of the remains described above, held an Autapsy Inspection Inquiry and in my apinion death resulted from Natural causes , Accident Suicide , Hamic de , Undetermined manner ACTUAL SIGNATURE	200	20c TIME OF IN.	RY Month, Day, Year	20d IN	JURY OCCURRED 0 20	De PLAC	E OF NJURY (Home, for	m, 20f	(City or town)	(Caunt	y) (State)
21. I certify that I taak charge of the remains described above, held an Autapsy , Inspection . Inquiry , and in my apinion death resulted from Natural causes , Accident , Suicide , Hamic de , Undetermined manner . ACTUAL SIGNATURE	2		1//19 19	66 at wark	at work		High way	U	vantie.	0	Va-
ACTUAL SIGNATURE SIGNATURE ASSISTANT MEDICAL EXAMINER DEPUTY DEPUTY MEDICAL EXAMINER DEPUTY MEDICAL EXAMINER DEPUTY DEPUTY MEDICAL EXAMINER DEPUTY DEPUTY MEDICAL EXAMINER DEPUTY DE		21. I certif	y that Í taak charg	e af the rem	ains described aba	ve, he	ld an Autapsy 🔀,	Inspectiar	Inqu	iry 🔼	and in my apinia
ASSISTANT MEDICAL EXAMINER DEPUTY DEPUTY MEDICAL EXAMINER DEPUTY DEPUTY MEDICAL EXAMINER DEPUTY MEDICAL EXAMINER DEPUTY D		death result	ted fram Natur	al causes 🗀], Accident 🔼	Suici	de 🔲, 🛮 Hamic de	Unc	letermined mo	inner 🔲	
SIGNATURE EXAMINER'S NAME (Type) John G. Ball, M. D. Address (Street, city, town, or county) 230 BUR AL, CREMAT ON, REMOVAL (Specify) Burial Andrews Cemetery ASSISTANT MEDICAL EXAMINER 1//21/66 Address (Street, city, town, or county) 23d LOCAT ON (City or Town) (County) (Stote) Removal (Specify) Burial									00 0470 (1045		
NAME (Type) John G. Ball M. D. Address (Street, city, town, or county) 236 BUR AL CREMATON, REMOVAL (Specify) Burial Andrews Cemetery Address (Street, city, town, or county) 236 LOCAT ON (City or Town) (County) (State) Friend Nebraska	SIGNATURE								41/	21/66	ZZ, UATE SIGNED
230 BUR AL (REMATON, REMOVAL (Specify) Burial 23b DAJE THEREOF 23c NAME OF CEMETERY OR CREMATORY 23d LOCAT ON (City or Town) (County) (Stote) Andrews Cemetery Friend Nebraska		Evelinings 5									
Burial 11/23/66 Andrews Cemetery Friend Nebraska	22		John G.	Ball, M	D.	DV OD (-		-) //-	(5)
	23	REMOVAL (Specify		3/16	1						, , ,
MODULINGUI DA CA INCIDENTA MARIONA MAR			IR Want	ington	ADDRESS TO	C C					
W. W. Chambers Co., 1400 Chapin St., N.W. / DATE			nasi			-		25 19	56 700	arles	Judge.

VR A15MF (5) 6M 1/66



Montgomery

Day

15

Days

12 CITIZEN OF WHAT

COUNTRY?

Rkvl., Md.

(County)

22b DATE SIGNED

(County)

IF UNDER 1 YEAR

Months

e IS RESIDENCE ON A FARM?

YES NO X 1

66

Мю.

Year

IF UNDER 24 HRS.

19

Hours

USA

INTERVAL BETWEEN

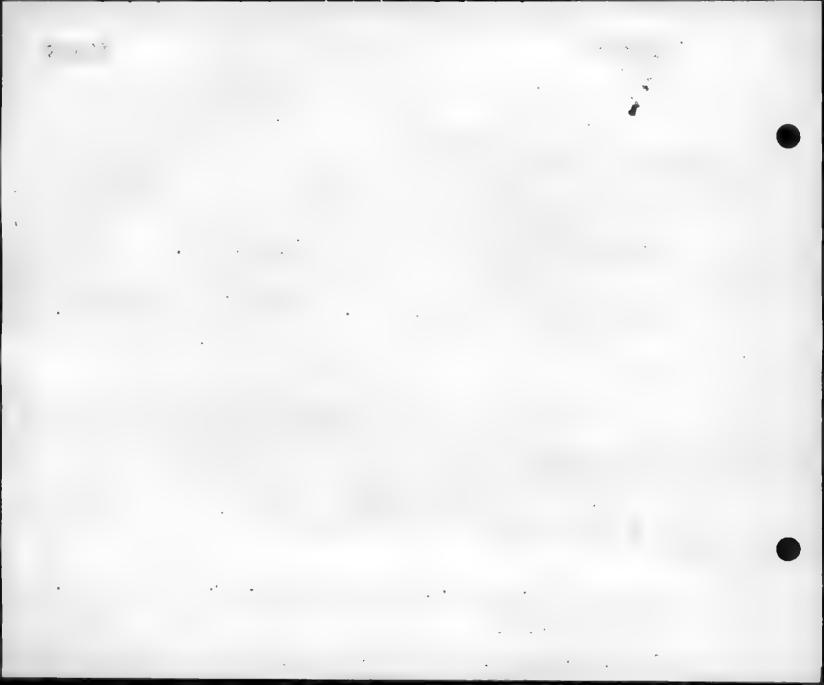
WAS AUTOPSY PERFORMED?

NO

(Stote)

CERTIFICATE OF DEATH that the death certificate be-executed within 24 haurs after death I. PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived, if institution Residence before admission) g. COUNTY b. COUNTY Maryland Montgomery MARYLAND c CITY OR TOWN (If outs de corporate limits, write RURAL and give nearest tawn) b CITY OR TOWN (fautside carparate limits, C LENGTH OF STAY IN 16 write RURA, and give nearest town)
Silver Spring DOA Rockville à d. STREET ADDRESS filled in d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) paper 14106 London Lane Holy Cross Hospital within ban NAME OF 4 DATE Middle Lost Month carban DECEASED Cahill William Daniel November DEATH event, (Type or print) cample SEX 8 DATE OF B RTH AGE (In years 6 COLOR OR RACE 7 MARRIED X NEVER MARRIED and camp birthdoy) 3/29/86 In any White WIDOWED DIVORCED. Male 10o USUAL OCCUPATION (Give kind of work done BIRTHPLASS (County & State, or foreign country) 10b KIND OF BUSINESS OR physician c during most of working life, even if retired) NDUSTRY and Markingrounds, Mass. City government City clerk 13 FATHER'S NAME 14. MOTHER'S MAIDEN NAME removal, Morris attending p Cahill Mary Kane 17 INFORMANT Daughter. WAS DECEASED EVER IN U.S. ARMED FORCES? Address 14106 London Ln. 16 SOCIAL SECURITY NO permit. (Yes, no, or unknown) I(If yes give war or dates of service) o Mrs. Gladys Johncox 032-01-4655 crematian, 1B. CAUSE OF DEATH (Enter only one couse per line for (a). (b), and (c) signed by the burial-transit burial, cremati the PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (o) attending physician. 4231 DUE TO Canditians, if any, which gave rise ta immediate cause (a). DUE TO stating the underlying cause 中 prior ta has been last. 90 PART II. OTHER SIGNIFICANT) CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELAPED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) USB Health **TO FUNERAL DIRECTOR:** After this certificate director, page 3 should be detached far us should be filed with the State Dept. af Healt be retained by the haspital or **ATTENDING PHYSICIAN** 20g ACCIDENT WAS UNDERLYING 205. DESCRIBE HAW INJURY OCCURRED. (Enter nature of injury in Part i or Part II of item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20d INJURY OCCURRED 20e PLACE OF INJURY (Home, form, 20f. 20c TIME OF INJURY Month, Day, Year (City or town) Hour am. factory, street, affice bldg, etc.) Not While ot wark of work 21. I certify that (I) (this hospital) attended the deceased fram. C, and that death accurred at A ISM, fram causes and an the date stated above. saw the deceased alive an_ 220 SIGNATURE M.D PHYS. PHYS DIRECTOR 22d. ADDRESS 22c PHYSICIAN'S Page 4 may 10620 Ga. Ave. Silver Spring, NUMBE (Type) John J. Curry, M 23c. NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) BURIAL CREMATION 23b. DATE THEREO REMOVAL (Specify) Marlboro. Massachusetts Immaculate Conception Cem. 2Sb. REGISTRAR S SIGNATURE 25g. REC'D BY REGISTRAR

VR A15 (4) 20 M 1/66 FUNERAL DIRECTOR

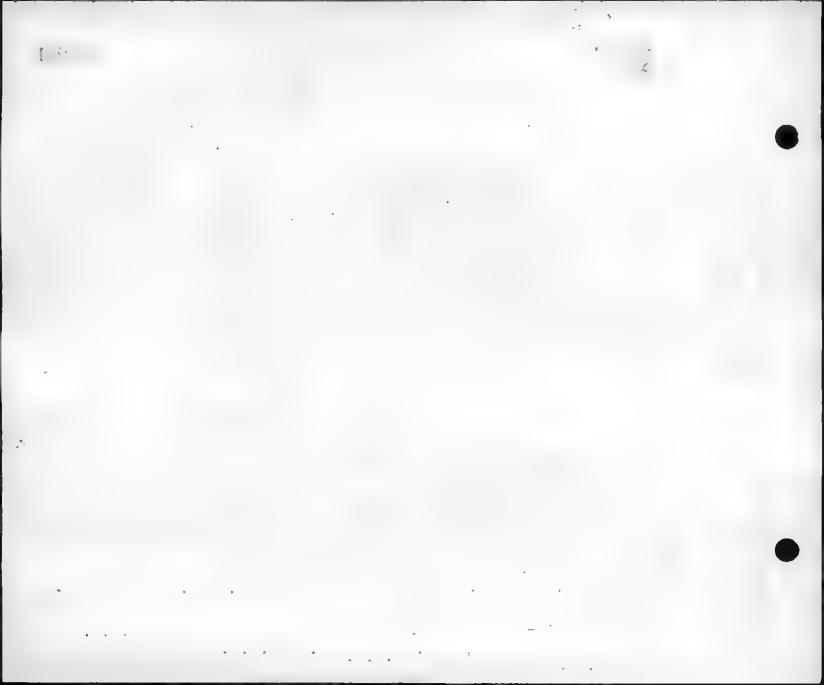


MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

CERTIFICATE OF DEATH CV funeral 1 and 2 er death: 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) PLACE OF DEATH D. COUNTY DONTGOMER vithin 72 hours after MARYLAND by the fa c CITY OR TOWN (If outside carparate limits, write RURAL and give nearest town) b CITY OR TOWN (If outside corporate limits, c LENGTH OF STAY IN 16 write RURAL and give nearest town 2105. 3 days e. IS RESIDENCE d NAME OF HOSP TAL OR INSTITUTION (If not in haspital, give street address) d STREET ADDRESS <u>_</u> ON A FARM? filled NO X 3 NAME OF pau First Middl DATE Manth Doy Year etely DECEASED HOMAS 1966 (Type or print) event, remove car IF UNDER 1 YEAR IF UNDER 24 HRS 5 SEX 6 COLOR OR RACE 7 MARRIED AGE (In years NEVER MARRIED ast birthday) Months In any WIDOWED DIVORCED and 10n LISUAL OCC., PATION (Give kind of work done 10h KIND OF BUSINESS OR 12 CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) INDUSTRY physician (WASHINGTON 3 DT. 05 Hariculturanin 14. MOTHER'S MAIDEN NAME 13. FATHER S NAME affending IS WAS DECEASED EVER IN U.S. ARMED FORCES? 16 SOCIAL SECURITY NO INFORMANT SEE LIEM2 permit. (Yes, no, or unknown). (If yes give war or dates at service burial, cremotian, ar LLIIAN JURAMHINLL LINKNOWN INTERVAL BETWEEN ONSEL AND REATH 18. CAUSE OF DEATH (Enter on y one cause per line for (a), (b), and (c).) signed by the burial-transit PART I DEATH WAS CAUSED BY. IMMEDIATE CAUSE (o) be retained by the haspital ar attending physician. DUE TO Conditions, if any, which gave nse ta immediate cause (a), DUE TO tar use as the l Health priar tab stating the underlying couse last WAS AUTOPS' PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) has this certificate h detached far use NO T onner money 20g. ACCIDENT WAS UNDERLYING [205. DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Part I or Part II of Item 18.) page 3 shauld be detached te filed with the State Dept. of OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) MEDICAL 20e PLACE OF INJURY (Hame, farm, 20c TIME OF INJURY Month, Day, Year 20d INJURY OCCURRED (City or tawn) (County) (Stote) factory, street, office bldg., etc.) Hour a.m. While Not While After of work at work 142-2-2 1966, that (1) (*) last 19.66 to 21. I certify that (1) (this haspital) attended the deceased from_ TO FUNERAL DIRECTOR: __19.66, and that death occurred at 5.35 M, from couses and on the date stated above saw the deceased alive an... May 22 220 SIGNATURE 22b DATE SIGNED STAFF M.D. PHYS DIRECTOR PHYS **ADDRESS** Page 4 may 1 22c PHYSICIAN director, pu Egan Dr James Wisc. Ave. Bethesda, Md. NAME (Type) 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) (State) 230 BUR AL, CREMATION 23b DATE THEREOF (County) Burial Burial Cemetery Was 250 REC BY REGISTRAR 2Ve N W Washington Olivet 24 FUNERAL DIRECTOR 256. REGISTRAR'S SIGNATURE Sons VR A15 (4) 20 M 1/66 DATE

within 24 hours after death

ATTENDING PHYSICIAN: The law requires that the death certificate be executed



MARYLAND STATE DEPARTMENT OF HEALTH
- - Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

- N. W	17 of 7	19492	CERTIFICATE	OF DEATH	15795
funeral 1 and 1 and er death	, 1	PLACE OF DEATH o. COUNTY			hved, if institution Residence before admission) b. COUNTY
fun s l s	_	MENTGOMERY	MARYLAND	DIARYLAND	MUNTGOM EXY
by the f Pages ours afte		b (TY OR TOWN (if outside corporate limits), write R. RAL and give nearest town) Silver Spring	c LENGTH OF STAY IN 16	c CITY OR TOWN (If outside corporate 1916 Brisbane	ernits, write RURAL and give nearest fown)
by Py	_	d. NAME OF HOSPITAL OR INSTITUTION (If not in		d. STREET ADDRESS	e is residence
in 24 ho illed in t papers. hin 72 ho	1	10,1 00. 0 11.	-1 -1	SILUER SHRI	ON A FARM?
hin 24 filled n pape iffin 7;	4	NAME OF FIRST	Middle Middle	Lost 4 DATE	Month Doy Year
d with		DECEASED MICHAEL		2 ARTA DEATH	11 23. 1966
that the death certificate be executed within 24 hours after death an. by the attending physican and completely filled in by the funeral fransit permit. (Hengle ase remave carban papers. Pages I and cransit permit. (Hengle ase remave carban papers. Pages I and cremaver, and in any event, within 72 hours after death and in any event, within 72 hours after death and in any event, within 72 hours after death and in any event, within 72 hours after death and in any event, within 72 hours after death and in any event, within 72 hours after death and in any event, within 72 hours after death and in any event, within 72 hours after death and in any event.	5	0 - 1 1 1 1 1 1	MARRIED NEVER MARRIED DIVORCED		AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS past pirthday) Months Days Hours Min
and rem	100	USLAL OCCUPATION (G ve kind of work done	106 KIND OF BUSINESS OR	1). BIRTHPLACE (County & State, or fore)	country) 12 CITIZEN OF WHAT
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ilicat	13	FATHER'S NAME	1	14 MOTHER'S MAIDEN NAME	
te de la constant de					
attending permit.	(X	WAS DECEASED EVER IN U.S. ARMED FORCES? es, no, or unknown) (If yes give wor or dates of sen NO	ice) 577-28-387	Joan C. Toriano	Address - daughter
that the d an. by the att ransit pen crematian,		IB. CAUSE OF DEATH (Enter only one couse pe	r une for (a), (b), and (c))		INTERVAL BETWEEN
that ton. In. by the ransit		PART I. DEATH WAS CAUSED BY- IMMEDIATE CAUSE (o)	Archellers!	ble shrow	ONSEL AND DEATH
A Para Para Para Para Para Para Para Par		4/20.1 DUE TO	12	1. 1 . 1	43
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e law r tending is been as the prior ta		PART II OTHER SIGNIFICANT CONDITIONS CONTR	IBUTING TO DEATH BUT NOT RELATED TO	THE TERMINAL DISEASE CONDIT ON GIVEN	IN PART 1(o) 19 WAS AUTOPSY
AN: The old are at icate ho far use Health	ATION				PERFORMED? YES NO
ician Sital a Hifican Har of Hec	CERTIFICATION	200 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH	20b DESCRIBE HOW INJURY OCCURRED.	(Enter nature of injury in Port I or Port II	of item 18.)
hosp hosp sche spt.		(IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month, Doy, Year	20d INJURY OCCURRED 20e PLA	CE OF INJURY (Home, form, 20f. (City or town) (County) (State)
te D	MEDICAL	Hour o.m. p.m. 19		ory, street, office bldg., etc.)	
Affer Store		21. I certify that (I) (this haspita		, 19 GO, to	11/20, 19/1 that (I) (we) la
ined ined audid		saw the deceased alive an	11/27_19/d, and tha	t death accurred at 12:15 M,	fram lauses and an the date stated abov
refa refa		220 SIGNATURE	1 Alalla . Akni	ATTENDING MED	STAFF 22b. DATE SIGNED
TAL OR nay be r AL DIRE page 3 pefiled v		22c PHYSICIAN S	GDERNAGIE	PHYS DIRECTOR L	PHYS [11/28/66
		NAME (Type) Richard P.	Delaney		., Silver Spring, Md.
Page 4 1 Page 4 1 D FUNER director, shauld	23	BUR AL, CREMATION, 23b DATE THEREOF	23c. NAME OF CEMETERY OR	CREMATORY 23d LOCA	TION (City or Town) ((County) (State)
5 5 5 £ £		BENSY16Faly) 12/1/66			er Spring, d.
VR A15 (4) (2) A1 1/66	12	yson Wheeler 1331	Rockville Pike	250. REC'D BY REGISTRAN	1956 Markey Judge

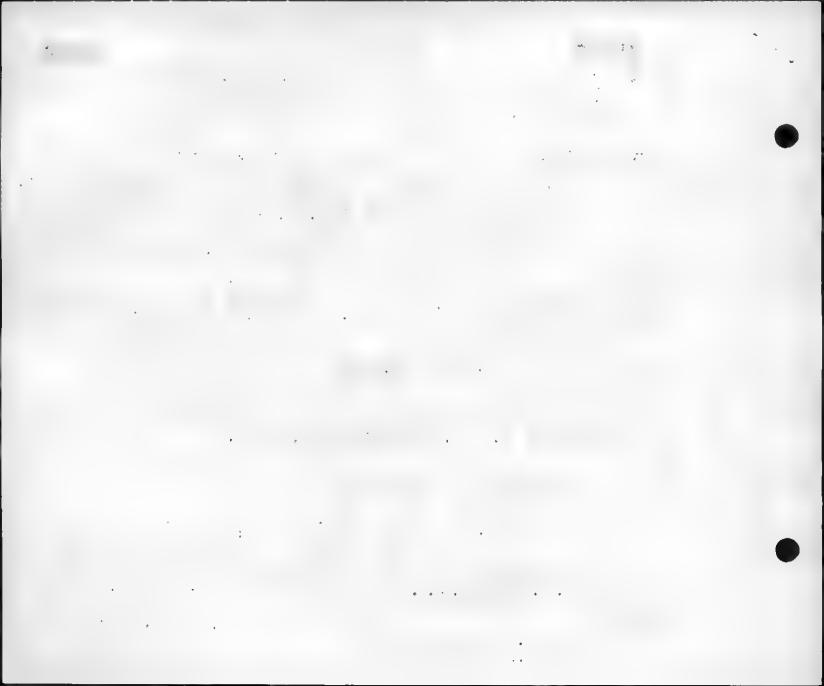


Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

CERTIFICATE OF DEATH death. and 2 USUAL RESIDENCE (Where deceased aved, if institution. Residence before admission) is PLACE OF DEATH a. COUNTY Montgomery Maryland b. COUNTY d in by the fun-pers. Pages 1 o 72 hours ofter d MARYLAND b CITY OR TOWN (If autside corporate imits, LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) write RURAL and give negrest tawn)
Bethesda (Rural) Lexington Park 7 days d NAME OF HOSP TAL OR INSTITUTION (If not in haspital, give street address) d STREET ADDRESS S RESIDENCE ON A FARM? pape Naval Hospital 34 Anderson Court YES NO TO eventy within 3 NAME OF First Middle DATE Manth DECEASED Edward CARTER John November 66 DEATH (Type or pnnt) FUNDER 1 YEAR IF LINDER 24 HRS S SEX 6 COLOR OR RACE 8 DATE OF BIRTH 9 AGE (In years 7 MARRIED NEVER MARRIED remove last birthday) Haurs Sept. 14, 1966 Male Cauc WIDOWED DIVORCED and in any 10b. KIND OF BUSINESS OR 10a USUAL OCCUPAT ON (Give kind of work done 11 BIRTHPLACE (County & State, or foreign country) 12 CITIZEN OF WHAT during most of working life, even if retired) COUNTRY? USA Patuxent River, Maryland 14 MOTHER'S MAIDEN NAME 13. FATHER S NAME Lee Carter Joyce Hulsey IS WAS DECEASED EVER IN .. S ARMED FORCES? 16 SOCIAL SECURITY NO. 17 INFORMANT Lexington Park Address Maryland (Yes, no, or unknown) (If yes give war ar dates of service) N/A Mr. Lee Carter, 34 Anderson Court 18 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c),) INTERVAL BETWEEN ONSET AND DEATH PART I, DEATH WAS CAUSED BY: **Empyema** IMMEDIATE CAUSE (a). DUE TO Bilateral pneumonia Conditions if any, which gave rise to immediate cause (a), **DUE TO** stating the underlying cause as the last. WAS AUTOPS PART 11, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) PERFORMED? be detached for use State Dept. of Health Subdural hematoma, left. Encephalomalacia, marked. YES X NO 20g ACCIDENT WAS JNDERLYING [205 DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port or Port II of item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20d INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, (City or Iown) (County) (Stote) 20c. TIME OF INJURY Month, Day, Year Haur a.m. Not While factory, street, office bldg , etc.) at work at wark 21. I certify that (I) (this haspital) attended the deceased from Oct. 31 saw the deceased alive on Nov. 1 19 66, and that death according to the deceased of 166 to Nov. 7 . 19 66that 10 (we) last director, page 3 shauld shauld be filed with the 19 66, and that death accurred at 8:00 M, fram causes and an the date stated above. 226 DATE SIGNED 22o. SIGNATURE (7) M.D. DIRECTOR 22c PHYSICIAN'S Hospital, Bethesda, Maryland NAME (Type) Z. TOMPKINS. M.D. 23c NAME OF CEMETERY OR CREMATORY 23a. BURIAL, CREMATION, 236 DATE THEREOF 23d LOCATION (City or Town) (County) (Stote) Sylacauga, Alabama Specify) Favettsville Cemetery 11-11-66 2Sh REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR Robert A. Pumphrey Funeral Home REC'D BY REGISTRAR 7557 Wisconsin Ave., Bethesda, Maryland

mxmcuted within 24 nours after death funeral filled i corban and physician a remutes that the death certificate signed by the attending phy: bur,a-transit permit. Then p burial, crematian, ar remayal by the haspital or attending physician. certificate be retained TO FUNERAL DIRECTOR: Page 4 may

VR A15 (4) 20 M 1/66



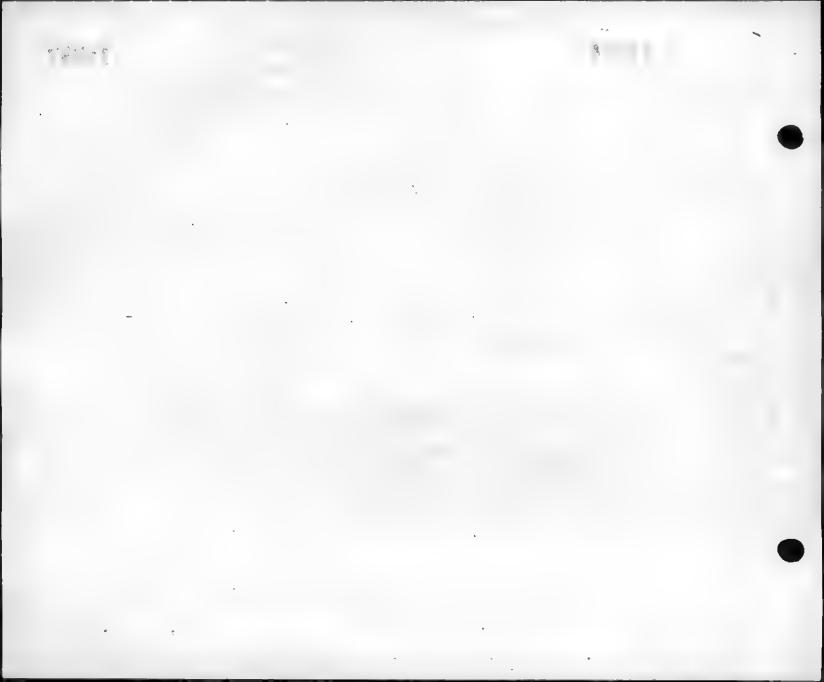
Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

	15794			CERTI	FICATE	OF DEATH				157	797	
	PLACE OF DEATH				I	2. USUAL RESIDENCE	(Where decease			e before	odmission	1)
	a COUNTY	germer.	4	MAR	YLAND	STATE	lan.	b (Q.	NIY アファッマー	240-	37'60	
	b CITY OR TOWN (If of	uts de carparate limits		CLENGTH OF STAY	1N 1b .	C CITY OR TOWN AND		ite limits, write Ri	URAL and give	nearest	tawn)	1
1.00	write RURAL and gi	ve neorest town)		16 de	242)	Kens	no Ti	2111			10	
100	d NAME OF HOSP TAL		t in hospitol, gr	ve street address)	1	d STREET ADDRESS	1:	/	7	0	IS RESIDE	
	Le Cha	- Rom	Hos	pital	1	3304 0	VI Fice	one of	Tuch.	Y		NO [
3	NAME OF	o Fir	st	Middle		Last	4 DATE	Mai	nth	Day	Year	
	DECEASED (Type or print)	Eme.	(Elkin	1.111 C	Pilit.	OF DEATH	//	/	21	196	6
5	SEX 6	COLOR OR RACE	7 MARRIED [NEVER MARRIE	D 📄 8	DATE OF BIRTH	9	AGE (n years fast birthday)	IF JNDER 1	YEAR Days	Hours	
	m (alle	WIDOWED	DIVORCE DIVORCE	D 🔲	1-7-82		8 4 YES	Modelle	Days	nonis	mil
	USUAL OCCUPATION (Ging-most of working life			D OF BUSINESS OR USTRY		11 BIRTHPLACE (Count	' 1 .	reigh cauntry)		ZEN OF 1	WHAT	1
	FATHER S NAME	nast,				727,00	eden)		1		4.0	17
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	es, no peunknown) (If		f and dead	known		o oknowe ;	4 /	7. /,	1	1 /2		
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	Conditions, if ony, w	high grove A	(b)									
	rise to immediate c stating the underlyi	ause (o), (Dut	. ,									
	last state of the		(c)									
22	PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(0)								19 V	WAS AUTOP	25 Y	
SATIO												ю 🔀
CERTIFICATION	20a ACCIDENT WAS UP OR CONTRIBUTING		205 DES	TRIBE HOW INJURY O	OCCURRED. (I	nter nature of injury in	Port For Par	Ill of item 18.)				
	(IF EITHER, NOTIFY ME											
MED CAL	20c TIME OF INJURY Hour o.m.	Month Day, Year	2Dd IN: While	JRY OCCURRED Not While		OF INJURY (Hame, for ry, street, office bldg., etc.		(City or town)	(Cou	nty)	(\$)	tote)
区	p.m.	19	at wark		100.10	,						
	,	that (I) (this-hos	, ,				19 661		24, 19_6	≤ the	ıt (I) (w	re) la
		ased alive an	11/2	1966,	and that	death accurred a	1/6 50N	I, fram causes				abavı
	220. SIGNATURE		11/	9,,	M.D	ATTENDING PHYS	MED.	STAFF I		TE SIGNE		
	22c. PHYSICIAN'S	zchaul	No	rue	M.U	PHYS LZS	DIRECTOR	LJ PHYS. L	-11 ,,,	gar an	166	-
	NAME (Type)	RICHARD !	H. Po	LLEN	MD	10400 CON	NICTK	TAVE	KENSIN	1670	N, N	nd
230	BURIAL, CREMATION	23b. DATE THE		23c NAME OF CEN	LETERY OR C	REMATORY	23d. LO	CATION (City or T	own)	(county)	(Sto	ote)
Bı	TENON (SPECIAL	anist 11.	-22-66	Luthe	ran C	emetery		rnot.			,	
24	FUNERAL DIRECTOR			ADDRESS		2So_ REC	D BY REGISTR	AR 2Sb_F	EGISTRAR S SI	GNATURE		
1 1	ROBERT A	PIMPHRI	TV Re	theeda	Manres	Van Ing	2 5 19	366 1 40	langer	Jus	46	

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the funeral director, page 3 shauld be detached for use as the burnal-transit permit. Then please remove carban papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, o're-movel, and in any event, within 72 hours after depths. VR A15 (4) 20 M 1/66

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the diasth certificate be executed within 211 hours after diacth.

Page 4 may be retained by the haspital or attending physician.



TO FUNERAL DIRECTOR: After this certificate has been signed by the attending hysician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Liber please remove carbon pagers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after the thin TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

	MARYLAND STATE DEPARTMENT OF HEALTH	
DIVISION OF STATISTICAL	RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE	1, MARYLAND
15795	CERTIFICATE OF DEATH	
10100	OLKINIOKIE OI DEATH	4 = 14 6

1. PLACE OF DEATH	2. USUAL RESIDENCE (Where deceased lived, if Instriction: Residence page admission)					
a. COUNTY Montgomery MARYIANO	STATE b. COUNTY					
b. CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 1b	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)					
write RURAL and give nearest town)	Washington, D.C.					
d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address)						
A	F					
Atthea Woodland Nursing Home Silver Spring Me	3420 16th of . N.W 1 YES NO IN					
3. NAME OF First Middle Middle	Last 4. DATE Month Day Year					
(Type or print) Lela Tourath	naffee DEATH November 29 1966					
5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8	took Charles and the control of the					
temale Cauc. WIDOWED & OIVORCED !	7/13/1887 Ast birthday) Months Days Hours Min.					
10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR during most of working life, even if retired) INDUSTRY	11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT					
	Washington, O.C. U.S.					
13. FATHER'S NAME National Metropolitan	14. MOTHER'S MAIDEN NAME					
J. G. McGrath	Jasephine Hickey					
	INFORMANT Address					
(Yes, no, or unkown) (If yes pire war or dates of service) 570-60-11321	A Mark Mark James					
NO Whenever 1717 42-4/112	NIAGO WELL TEE					
1B. CAUSE OF OEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY:	INTERVAL BETWEEN ONSET AND DEATH					
IMMEDIATE CAUSE (a) LCEELE	Conceptor Tackers 3 days					
OUE TO ?	1 of 110 x 6 1 21/2					
Conditions, if any, which (b) Les Les co SC	Con tio Hell Westers - 12 year					
gave rise to immediate (cause (a), stating the DUE TO						
underlying cause last. (c)						
	TED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED?					
CAT	YES NO F					
20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCU	RRED. (Enter nature of Injury In Part I or Part II of Item IB.)					
PARTIL OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE PARTIE OF THE PARTI						
19 factor	F OF INJURY (Home, farm, 20f. (City or town) (County) (State)					
Hour a.m. While Not While p.m. 19 lat work et work	Marraniamanagulariy					
21. I certify that (i) (this hospital) attended the deceased from A	pril 6 1964 to 1001-29, 19 66 that (1) (we) last					
	death occurred at 10 A-M, from the causes and on the date stated above.					
22a. SIGNATURE	22b. DATE SIGNED					
Tiere / (au Blelle M.D.	ATTENDING MED. STAFF DIRECTOR DIRECTOR PHYS. 17 My. 29 1966					
22c. PHYSICIAN'S	22d. AOORESS					
NAME (Type) NEIL R. Carepbell	1629 Cowerpia. Rd.					
23a. BURIAL CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY	OR CREMATORY 23d. LOCATION (City, town or county) (State)					
burial 12/1/66 Mt. Olive	t Cemetery Mashington, D.C.					
24. FUNERAL DIRECTOR ADDRESS	25a. REC'O BY REGISTRAR 25b. REGISTRAR'S SIGNATURE					
The S.H. Hines Company 2901 14th St. N.W. washington PARECNOV 30 1966 Icharles Judge						
Z701 1/1011 Dt. N.W. Washi	TE COMPANION OF THE PROPERTY O					

VR A15 (4) 15M 4-64

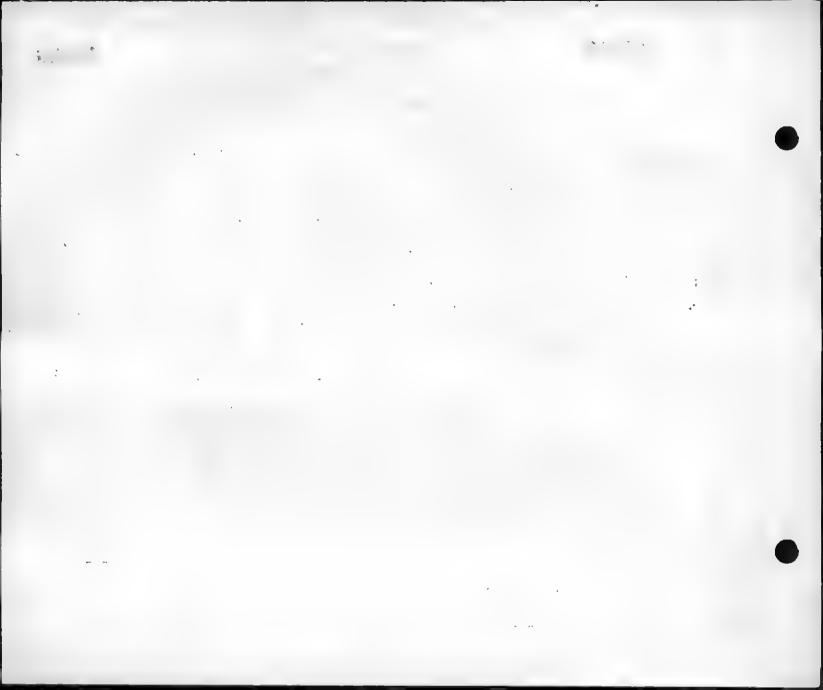
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Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201							
	15796		CERTIFICAT	E OF DEATH		15799	
	PLACE OF DEATH o. COUNTY	of sum	e e Maryland	2 USUAL RESIDENCE (V	Where deceased lived, if institution is COUNTY	Residence before admission)	
	wr to Bural and a vene	arest term)	C. LENGONT OF STAY IN 16	CITY OR TOWN (If OJ	tside dyporate limits, write RURAL o	nd give nearest town)	
-	d NAME OF HOSPITAL OR A	STITUTION (If not in hospitor,	give street oddress)	d STREET ADDRESS	J.Mzin	e IS RES DENCE ON A FARM? YES NO	
	NAME OF DECEASED (Type or print)	aff ac	Middle Ci-	1051	4. DATE Manth OF DEATH	Day Year 1966	
5	SEX 6 COL	OR OF RAPE 7 MARRIED WIDOWED	NEVER MARRIED DIVORCED DIVORCED	8. DATE OF BIRTH /8		UNDER 1 YEAR IF UNDER 24 HRS Inths Doys Hours Min	
	SUAL OCCUPATION (G voking nost of working life ever		CIND OF BUSINESS OR NOUSTRY	11 BIRTHPLACE (County	& State ar foreign country)	12 CITIZEN OF WHAT COUNTRY?	
13.	FATHER'S NAME	Uni (Vimin o	14 MOTHER'S MAIDEN ! L/SA	VAME		
15 WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no. or unknown) (If yes give wor or dates of service) 012-28-8777 5020-127 - 1-322-110 FORMANT							
	PART I DEATH WAS	ter only one couse per line for CAUSED BY MMEDIATE CAUSE (a)	A Total	URE		ONSET AND DEATH	
	Conditions, if any, which grise to immediate cause	(a), (DUE TO	REBRO VAS	EULAR 1	ACCIDENT	4 HRS	
	stating the underlying co	(c) (r) F	REBEAL ART			3- YB 5	
CATION			TO DEATH BUT NOT RELATED TO			19. WAS ALTOPSY PERFORMED? YES NO X	
MEDICAL CERTIFICATION	20a ACCIDENT WAS UNDER OR CONTRIBUTING ☐ CAUS (IF EITHER, NOTIFY MEDICAL	E OF DEATH	ESCRIBE HOW INJURY OCCURRED	(Enter nature of injury in	Part I ar Part II of item 18)		
MEDICA	20c. TIME OF INJURY Mor Hour a.m. p.m.	Whil		ACE OF INJURY (Home, form tary, street, office bldg., etc.)		(County) (State)	
	saw the decease	(I) (this haspital) atte	nded the deceased fram _ (EMBLA) 6 6, and the	z <i>NoV</i> , 1 at death accurred at	12 JM, from causes and		
	220 SIGNATURE	el Da	N	.D. PHYS	MED. STAFF DIRECTOR PHYS.	11-3-66	
	22c PHYSICIAN'S NAME (Type) R	onald Barr		22d ADDRESS 10401 01	d Georgetown Rd	Bethesda Md	
230	BURIAL, CREMATION, SEMOVAL (Spec fy) BUTIAL	23b. DATE THEREOF 11-7-66	Holy Sepulc	her	23d LOCATION (City or Town) Rochester	(Caunty) (State) New York	
W	EINFRAL DIRECTOR i I helm Funer	al Home 4308	Suitland Rd S	uitland aryland DATE	D BY REGISTRAR 256. REGISTE	liantes Judge	

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physican and completely filled in by the funeral director, page 3 shauld be detached for use as the burial-transit permit. Then please remave carban papers. Pages 1 and 2, should be filed with the State Dept. of Health priar ta burial, cremat an, ar remay for any event, within 72 haurs after define TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

VR A15 (4) 20 M 1/66



Items 18821 Film 385 1-25-MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 15797 MEDICAL EXAMINER'S CERTIFICATE OF DEATH 2 USUAL RESIDENCE (Where deceased lived if institution Residence before admission) PLACE OF DEATH Montgomery death. Maryland b COUNTY Page Montgomery 0 MARY, AND delay b CITY OR TOWN (If outside corparate I mits, c CTY OR TOWN (floutside corporate limits, write RURA, and give nearest town) C LENGTH OF STAY IN 16 gnd Departme PM3. Silver Spring after Silver Spring d NAME OF HOSP TAL OR INSTITUTION (If not in hospital, give street oddress)

Holy Cross Hospital d STREET ADDRESS e IS RES DENCE ON A FARM? haurs penal in Item 18 Give Pages 1, alang with farm 8027 Eastern Avd. YES NO T are 10 after death 3 NAME OF Eirst Middle 4 DATE Month Doy Year DECEASED the 0F M Clark 11 1966 Anne Vand 2 with the (Type or print) DEATH 8 DATE OF BIRTH F UNDER 1 YEAR IF UNDER 24 HRS SEX 6 COLOR OR RACE 7 MARRIED NEVER MARRIED 9 AGE (In years XXX 12/4/26 25 female WIDOWED DIVORCED executed within 24 haurs Office Vand 2 IDD KIND OF BUSINESS OF 11 BIRTHPLACE (State or foreign country) 10a USUA, OCCUPAT ON (Give kind of wark dane) 12 CITIZEN OF WHAT during most of working life, even if retired) Dept. of Agriculture Scottdale, Pa. COUNTRY US any Examiner s 13. FATHER S NAME 14 MOTHER'S MAIDEN NAME .⊆ George H. Clark Regina Nash File pup IS WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO 17 INFORMANT Farmland Drive rd 'pending' in Chief Medical E 11301 (Yenga ar unknawn) (If yes give war ar dates af service) 199-16-9585 ar remaval. Mr George H. Clark Rockville_Md 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) INTERVAL BETWEEN burial-transit PART I DEATH WAS CAUSED BY ONSET AND DEATH þe IMMEDIATE (AUSE (a) ... Acute bilateral pulmonary emboli This certificate shauld writing the ward crematian, DHE TO Conditions, if any, which gave farwarded ta rise to immediate cause (a). **DUE TO** stating the underlying cause \Box usell as burial, c PART II OTHER'S GNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERM NAL DISEASE CONDITION GIVEN IN PART 1(a) 19 WAS ALTOPS PERFORMED? please execute the certificate, NO CERTIFICAT 10 20g EXTERNAL CAUSE WAS 20b DESCRIBE HOW INJURY OCCURRED (Enter noture of injury in Part I or Part II of item 18.) agent, priar shauld 4 shauld 1 PRIMARY I or CONTRIBUTING I THAT EXAMINER: CALISE OF DEATH MEDICAL 20c T ME OF INJURY Month, Day, Year 20d INJURY OCCURRED 20e PLACE OF NJURY (Mame farm. 20f (City or town) (County) (State) HOUL OW While. Not While factory, street, office b dq , etc) may be retained far yaur FUNERAL DIRECTOR: Page Page 4 at work designated 21. I certify that I took charge of the remains described above, held an Autopsy Inspection Inquiry and in my opinion the funeral directar. death resulted from: Notural causes be Suicide CHIEF MEDICAL EXAMINER ACTUAL 22. DATE SIGNED ASSISTANT MEDICAL EXAMINER SIGNATURE O DEPUTY 5 may be 1 TO FUNERAL Health ar i **EXAMINER'S** NAME (Type)

Gate of

Funeral Home-1331 Rockville, Pike Rockville, Md.

Heaven

VR A15ME (5) 6M 1/66

BURIAL, CREMATION

REMOVAL (Specify)

24 FUNERAL DIRECTOR

Ivson Wheeler

Burial

23b DATE THEREO

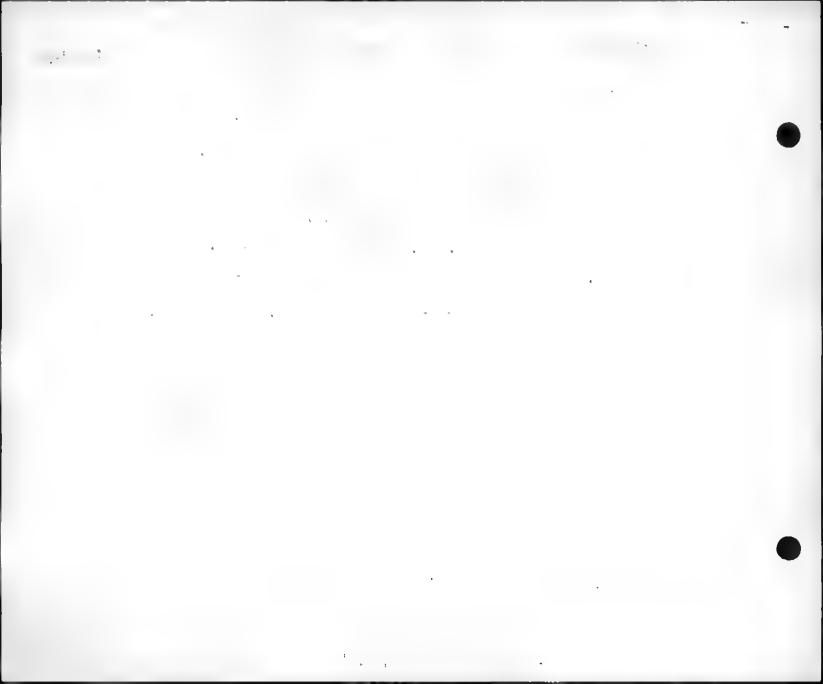
11/23/66

Silver Spring. Maryl and 25d REC D BY REG STRAR 966 22

LOCAT ON (City or Town)

25b REGISTRAP S SIGNATUR Charles

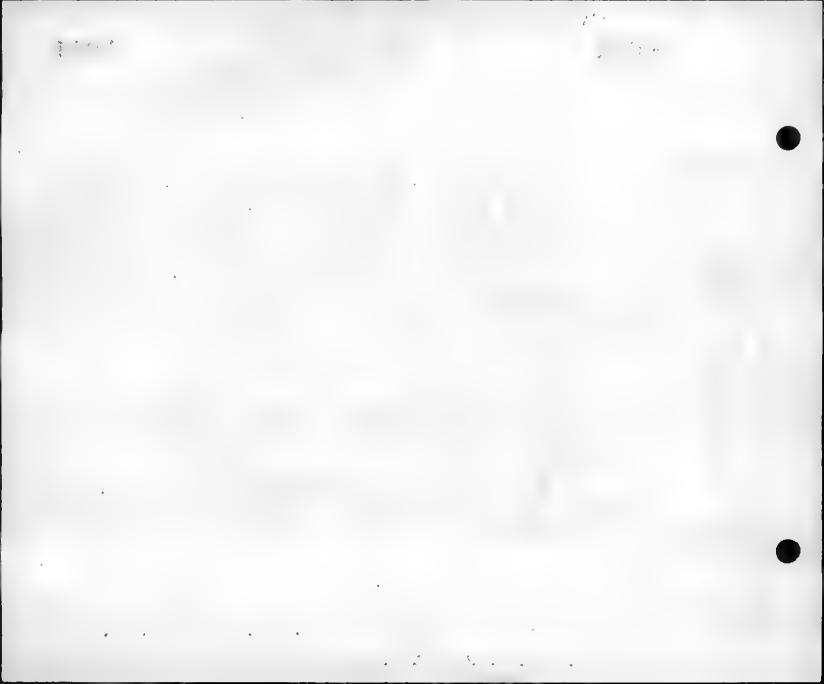
(County)



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

	15798	CERTIFICATE	OF DEATH		15804
	PLACE OF DEATH O. COUNTY HONTEDMERY	MARY, AND	O. STATE		NTEUMERY
	b (117 OR 10WN (If autside carporate mits, write RURAL and give nearest fawn) A NAME OF HOSPITAL OR INSTITUTION (If not in h	t LENGTH OF STAY IN 16 14 YEARS.	,	iside corporate limits, write RURA.	e IS RES DENCE
4	7 7 7 7	RIVE		ECOKE WAYDE	ON A FARM? YES NO
	NAME OF DECEASED (Type or print) MR GILISE	Middle CHURCH	CLARK	DUNIII	22 Poy Year 1966
1		MARRIED NEVER MARRIED 8	DATE OF BIRTH	I I I - I - I - I - I - I - I -	F UNDER 1 YEAR IF UNDER 24 HRS Manths Days Haurs Man
dur dur	USUAL OCCUPATION (G ve kind of work done ing most of working life, execut retired)	10b KIND OF BUSINESS OR INDUSTRY LIFE INSURANCE		State or foreign country) INETON, O.C.	12 CITIZEN OF WHAT COUNTRY?
	FATHER'S NAME 11 BERT A. CLARK	577-05-7068	14. MOTHER'S MAIDEN N ROSA MA	ARCIA CHURCH	
	WAS DECEASED EVER IN U.S. ARMED FORCES? ss, no, ar unknown) (It's yes give war or dates of services) WAS DECEASED EVER IN U.S. ARMED FORCES?	He)	NFORMANT N°1FE	Address SAM	E
		The for (a), (b), and (c)) BRONCHOPN	EUMONIA		INTERVAL BETWEEN ONSET AND DEATH
	Conditions, if any, which gove rise to immediate couse (o), stating the underlying cause (c)	GENERALIZED BRONCHOGEN		CINZHA	1 HOS.
200	PART II OTHER SIGNIFICANT CONDITIONS CONTRI				19 WAS ALTOPSY PERFORMED?
CATIO	HYPERTER		ASCULAR		YES NO
AL CERTIFICATION	20a ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOT FIRMED CAL EXAMINER)	205 DESCRIBE HOW INJURY OCCURRED. (I			
MEDICAL	20c TIME OF INJURY Month, Day, Year Hour a.m. p.m.	While Not While at work facto	OF INJURY (Home, form pry, skeet, office bldg , etc.)		(State)
	21. I certify that (I) (this haspital saw the deceased alive an) attended the deceased fram v	death accurred at	9 <u>55</u> , ta <u>NOV 22</u> 12/5A M, from causes an	d on the date stated abave.
	220. SIGNATURE	M.D. M.D	10.0	MED STAFF DIRECTOR PHYS.	22b. DATE SIGNED **ROV. 2 ?, 1966
	22c PHYSICIAN'S NAME (Type) AN'RENG	E A. RAPEE	22d. ADDRESS /732_ /=	YEST NA.	17 HSH. DC.
230	BURIAL, CREMATION, 236 DATE THEREOF			23d LOCATION (City or Town)	(County) (State)
24	Burial 11-25-1 FONERAL DIRECTOR 5130 Hischery's No.	ADDRESS ADDRESS ASP. DC.		BY REGISTRAR 2Sb. REGIS	TRAR'S SIGNATURE

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the funeral adirector, page 3 shauld be detached far use as the burial-transit permit. Then please temave carbon papers. Pages I ample should be filed with the State Dept. of Health priar to burial, crematian, ar remava, and from event, within 72 haurs after death 10 HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the Beath certificate be maccuted within 24 haurs after Beath. Page 4 may be retained by the haspital ar attending physician.



EK.

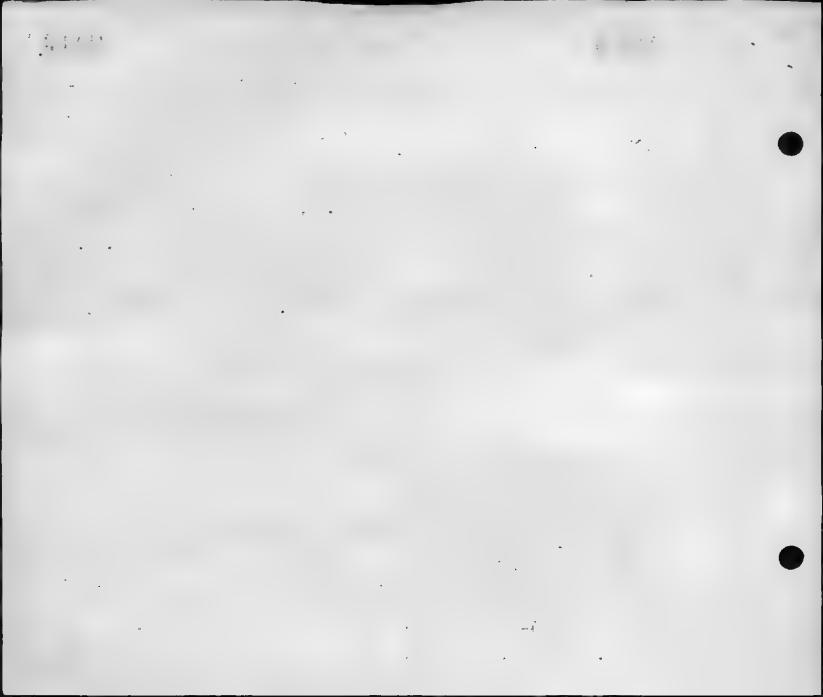
Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

	1579	9		CERTIFIC	CATE	OF DEATH		1	5802	2
1	PLACE OF DEATH	gomery		MARYLA	AND	2 USUAL RESIDENCE (V o STATE Maryland	Where deceased lived,	b COUNTY	sidence before	e odmission)
	B CITY OK TOWN !	If outside corporate imed a ve negrest town) Park	ts,	tength of stay in	lb	Silver St	tside corporate limits,		d give neorest	f fown)
	d. NAME OF HOSPIT	AL OR INSTITUTION (If I		give street oddress)		d STREET ADDRESS				ON A FARM?
3	NAME OF DECEASED		ırst	M-ddle		Lost	orton Driv	Month	Doy	Year
5	(Type or print) SEX	Mrs. Bessie	7 MARRIED	NMN NEVER MARRIED	_Coh □ ^B	DATE OF BIRTH	9 AGE (In ost bin			19 66 IF UNOER 24 HRS Hours Min
10	female o. USUAL OCCUPATION oring most of working	White	WIDOWED 106 KI	ND OF BUSINESS OR DUSTRY		11 BIRTHPLACE (County	71,	yrs	12 CITIZEN OF COUNTRY?	
L	House B. FATHER'S NAME	wife Isaac				Russi 14. MOTHER'S MAIDEN I			Americ	
1S (Y	WAS DECEASED EVI (es, no, or unknown)		Dynaf	CSKY SOCIAL SECURITY NO	17 IN	DEX DEX ON	* Rache	Address		
		EATH (Enter only one co TH WAS CAUSED BY:		(o), (b), ond (c).)	l Pa	tient's cha	ort.) NONS	ERVAL BETWEEN SET AND DEATH
	Conditions, if any use to immediate stating the underlast	te couse (o),	(b) (b) (c) (c) (c)	myrear	di	a infa	roten		56	weo 124
CERTIFICATION	200. ACC. CENT WA	al atte	vicle	TO DEATH BUT NOT RELATED TO DEATH BUT NOT RELATED TO DEATH BUT NOT RELATED TO DEATH DESCRIBE HOW INJURY OCCU	اسر	citicu Cori	1 Coli à	CENCH		WAS ALTOPSY PERFORMED? ES NO
MED, CAL	20c TIME OF INS Hour ou	10	While	Not While		OF INJURY (Home, form ry, street, office bidg, etc.)		town)	(County)	(Stote)
		eceased alive on_	spital) atten	ded the deceased fr	ram nd that	death occurred at	12.15 M, fram	causes and	19 <i>EL</i> , th an the dat 2b. DATESIGN	e stated abo
	22c PRYSICIAN : NAME (Type		Hur.	RWFTZ, I	M.D.	ATTENDING PHYS. 226 ADDRESS / Sec - E	DIRECTOR L PH	W. LC -	Wash	4-66 D.C.
L	BUR AL, CREMATI REMOVAL (Specify BUR AL)	11-12	- 11	23c NAME OF CEMETE CHEV SHOLE ADDRESS		TALMED TOR	BY REGISTRAR	ngton 256 REGISTRA	ar's signatur	RE
R	ERNARD DA	ANZANSKY -	+ SONS -	WASHING	TON	-DC DATE	10V 17 19	66 le	Marile	Judge

TO HOSPITAL OR ATTENDING PHYSICIAN: The faw requires that the death certificate be executed within 24 haurs after death. Page 4 may be retained by the haspital or attending physician. TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and camp etely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carban papers. Pages 1 and 2 should be filed with the State Dept of Health prior to burial, cremation, or removable of the any event, within 72 hours after deeth



MARYLAND STATE DEPARTMENT OF HEALTH DS. 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND DIVISION OF STATISTICAL RESEARCH AND OF DEATH should M USUAL RESIDENCE (Where deceased lived, if institution; Residence before edmission) I. PLACE OF DEATH a. COUNTY COUNTY ² 2 Montgomery and 2 Maryland Montgomery MARYLAND b. CITY OR TOWN (if outs de corporata limits, c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give neerest town) write RURAL and give nearest fown) hours after Year Chase Chevy Pages Bethesda d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street eddress) IS RESIDENCE d. STREET ADDRESS ON A FARM? Hesketh Resmor Hospital completely YES NO T papers. DATE 72 3. NAME OF Middle Day DECEASED (Type or print) DEATH 1966 carbon within 6. COLOR OR RACE T, MARRIED NEVER MARRIED 5. SEX B. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR and lest birthday) Dec. 1883 WIDOWED DIVORCED [гепоув 10a. USUAL OCCUPATION (Give kind of work 12. CITIZEN OF WHAT COUNTRY! 10b, KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (County & State, or foreign country) done during most of working life, even if retired) Mississippi Housewife 13. FATHER'S NAME MOTHER'S MAIDEN NAME John A. Bailev Unlandyn Walterine G. 15. WAS DECEASED EVER IN U.S. ARMED FORCES? | 16. SOCIAL SECURITY NO. Daughter (Yes, no, or unknwn) | (If yes give wer or detas of service) 18. CAUSE OF DEATH (Enter only one couse per line for (e), (b), and (c), INTERVAL BETWEEN ONSET AND DEATH s been signed I PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (e) DUE TO Conditions, if eny, which gave rise to immediate cause **DUE TO** (a), stating the underlying ceuse last. PART HOTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART HO 19. WAS AUTOPSY PERFORMED? U\$6 NO D YES 5 20s. ACCIDENT WAS UNDERLYING I 1 20b. DESCRIBE HOW INJURY OCCURRED, [Enter nature of injury in Pert I or Pert II of item 18.) R: After this detached for OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) WEDICAL 20c. TIME OF INJURY Month, Day, Year 2Dd. INJURY OCCURRED 20e. PLACE OF INJURY (Home, ferm, 20f. (City or town) (County) (State) ō fectory, street, office bldg., etc.) While Not While Hour e.m. et work et work 1960 to 2000 19 that (1) (we) last 21. | certify that (1) (this hospital) attended the deceased from DYGG. M, from the causes and on the date stated above.1944...., and that death occurred a saw the deceased alive on. DATE 120 SIGNATURE ATTENDING O HOSPITAL death. Page 4 O FUNERAL PHYS. 4 DIRECTOR M.D. 22d. ADDRESS 22c, Pb/ SICIAN'S ector, filled v AME (Type) 236. BURIAL, CREMATION, 236. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, lown or county) O.P.B REMOYAL (Specify) Rockville. Maryland Cemetery Buri.a 24 FUNERAL DIRECTOR'S SIGNATURE 25a. REC'D BY REGISTRAR , 25b. REGISTRAR'S SIGNATURE PUMPHREY. Bethesda, Maryland 20M 5-63



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH, AND RECORDS, 301 PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH 15801 and 2 death PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived if institution Residence before admission a. COUNTY b. COUNTY bon papers. Pages 1 within 72 haurs after MARYLAND The law requires that the Beath certificate be executed within 24 haurs after c CITY OR TOWN (if outside carparate limits, write RURAL and give nearest tawn) b CITY QR TOWN (If autside carparate im ts OF STAY IN 1b RURAL and give/nearest town .⊑ d NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d STREET ADDRESS e IS RESIDENC ON A FARM? filled □ NO 🗆 YES 3 NAME OF Middle Lost DATE Month Year carbon campletely OF DEATH DECEASED remayal, and in any event, (Type or print) IF UNDER 1 YEAR S. SEX 6 COLOR OR RACE 7. MARRIED NEVER MARRIED В DATE OF BRTH 9 AGE (In years remove تووام Hours WIDOWED DIVORCED puo 10a JSJAL OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR 1) BIRTHPLACE (County & State, or fareign country) 12 CITIZEN OF WHAT during most at working life, even if retired)
Reg = 7146 INDUSTRY COUNTRY? physician (nen please please 13 FATHER'S NAME Haring attending p 15 WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECUR TY 40 INFORMANT Address. permit. (Yes, na, grynknown) (If yes give war or dates of service) b STAGE RD cremation, INTERVAL BETWEEN 18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c) ONSET AND DEATH burial-transit PART I DEATH WAS CAUSED BYsigned by burial. Conditions, if any, which gove rise to immediate couse (o), DUE TO stating the underlying couse as the has been prior to lost. 19 WAS AUTOPSY PERFORMED? PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) CERTIF, CATTON TO FUNERAL DIRECTOR: After this certificate had director, page 3 should be detached for use should be filed with the State Dept of Health. NO X ь OR ATTENDING PHYSICIAN: 20g ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Part I or Part II of item 18.) 4 may be retained by the haspital OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER MEDICAL 20d INJURY OCCURRED 20e PLACE OF INJURY (Home, form, 20f. (City or town) (County) (State) 20c. TIME OF INJURY Month, Day, Year Hour o.m. Not While factory, street, office bldg., etc.) While at wark ___ at wark 21. I certify that (I) (this haspital) attended the deceased from , and that death accurred at 645 A M, from causes and an the date stated above. saw the deceased alive an 1966 220. SIGNATURE 22b DATE SIGNED ATTENDING PHYS DIRECTOR PHYS. M.D. 22d 22c. PHYSICIAN'S NAME (Type) Robert C. Macon BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) (County) 11/10/66 Terrell Texas

VR A15 (4)

20 M 1/66

24. FUNERAL DIRECTOR Tyson Wheeler Funeral Home-1331 Rockville Pike
Rockville Maryland

25g REC'D BY REGISTRAR

Terrell.

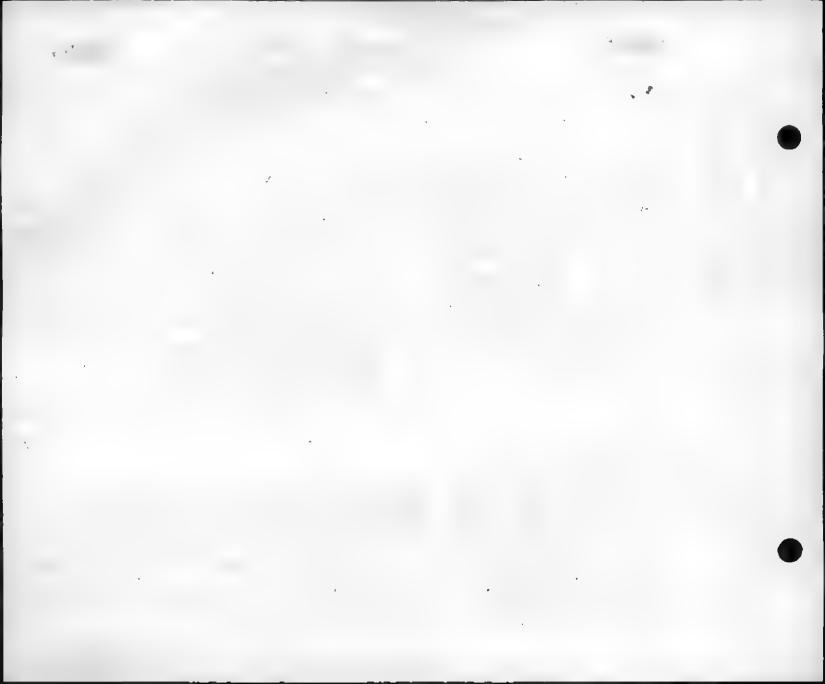
2Sb. REGISTRAR'S SIGNATURE liarles



Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

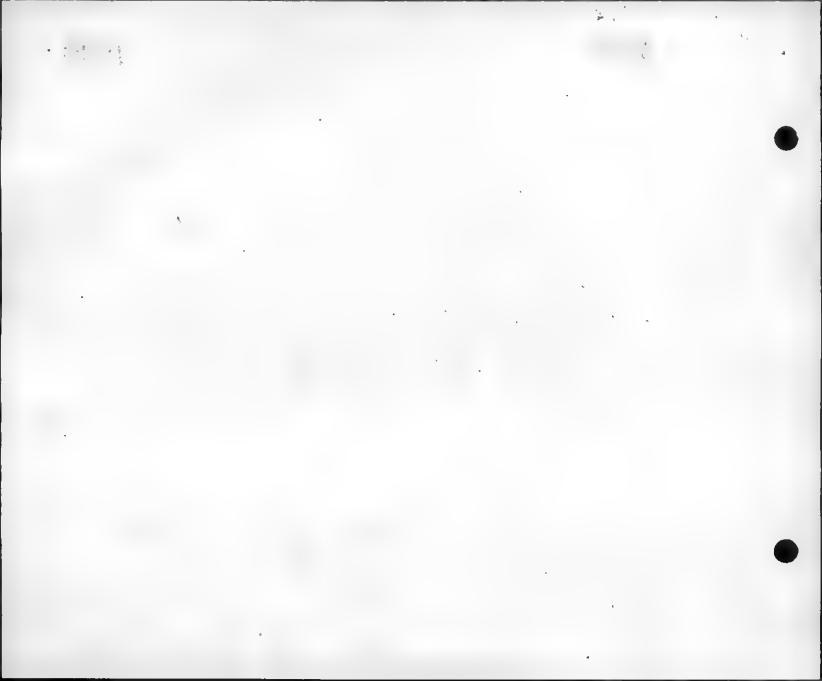
PLACE OF DEATH	CERTIFICATE OF DEATH	19809
O COUNTY TO A ME AV	o. STATE	Where deceosed lived, if institution, Residence before admission) b. COUNTY
b CITY DR TDWN (If autside carparate I mits, write RURAL and give jeagest town)		utside corporate hmits, write RURAL and give nealest swin for the
d. NAME OF HOSPITAL DR INSTITUTION (If not in haspital, g	rive street address) d STREET ADDRESS	19 dave apt. 204 e Is residence ON A FARM? YES NO
WASHINGTON SAN. 3 NAME OF FIRST	/ Middle \ Last	4 DATE Month Doy Year
DECEASED (Type or print) ATT MAX	NMN) COSMAN	OF DEATH 19 46
S. SEX 6 COLOR OR RACE 7 MARRIED WIDOWED	DIVORCED B DATE OF BIRTH	9 AGE (n years IF UNDER 1 YEAR IF UNDER 24 HRS If UNDER 24 HRS Months Doys Haurs Min
during most of working life, even fret red)	AMOND 28. LITHUR	
13 FATHER'S NAME JACK COSMAM	5° ARA	NAME HANBURG.
()/	10-07-7894APT. CHA	Address Address
IB. CAUSE OF DEATH (Enter only one couse per line for PART I. DEATH WAS CAUSED BY. IMMEDIATE CAUSE (g)	(q), (b), and (c)) Lecte Mysendi	Interval BETWEEN ONSET AND DEATH
Conditions if any, which gave) (b)		26 day
rise to immediate couse (a), stating the underlying couse (c)		
rise to immediate couse (a), stating the underlying couse last. PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO	1 + 01 + 1	NDITION G VEN IN PART I(a) 19 WAS AUTOPSY PERFORMED? YES \(\) NO
rise to immediate couse (a). stating the underlying couse (c) PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING T CONTRIBUTING T 20a ACC DENT WAS UNDERLYING T OR CONTRIBUTING CAUSE OF DEATH (IF FITHER NOTIFY MEDICAL FEMALINER)	TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CO	acthma PERFORMED?
rise to immediate couse (a), stating the underlying couse (bst. (c) PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO CONTRIBUTING TO CONTRIBUTING TO CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	SCRIBE HOW INJURY OCCURRED (Enter nature of injury in VJURY OCCURRED 20e PLACE OF INJURY (Home, for factory, street, affice bldg, etc.)	PERFORMED? YES NO Y
rise to immediate couse (a), stating the underlying couse (c) PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING T 20a ACC DENT WAS UNDERLYING TOR CONTRIBUTING TOR CONTRIBUTIN	STRIBE HOW INJURY OCCURRED (Enter nature of injury in VJURY OCCURRED 20e PLACE OF INJURY (Home, for factory, street, affice bldg, etc.) ded the deceased from 10 - 3 - 3	PERFORMED? YES NO Y
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rise to immediate couse (a), stating the underlying couse (c) PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO CONTRIBUTI	SCRIBE HOW INJURY OCCURRED (Enter nature of injury in factory, street, affice bldg, etc.) ATTENDING ATTENDING ATTENDING ATTENDING ATTENDING ATTENDING M.D. PHYS.	PERFORMED? YES NO Yes N

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove-carban papers. Pages 1 and 2 should be filed with the State Dept. of Health priar to burial, cremation, ar removal, and in any event within 72 hours after regish. TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death Page 4 may be retained by the haspital or attending physician.



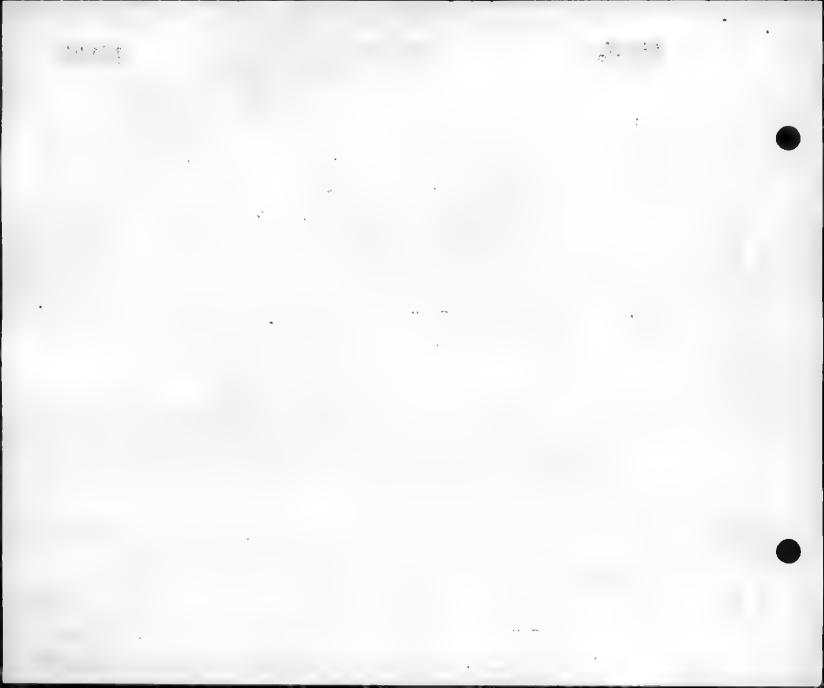
MARYLAND STATE DEPARTMENT OF HEALTH
Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH 15000

200		4000	13800
fine completely filled in by the funeral remove corbon papers. Pages I and 3 n any event, within 72 hours ofter death		. PLACE OF DEATH	2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission)
문학		o. COUNTY	O. STATE b COUNTY
		111 an	Genery MARYLAND Marefand Manlytmery
es se		6 CITY OR TOWN (Sutside corporate gark, (LENGTH OF STAY IN 16 (CITY OR TOWN (If outside corporate limits, write RURAY ond give nearest town)
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.드 양년		d. NAME OF HOSPIT	AL OR MSTITUTION (If not in hospito, give street address) d STREET ADDRESS e IS RESIDENCE ON A FARM?
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× 5.5	3		Pirst Middle Lost 4 PATE Month Day Year
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_ o		uring most of Porking	(DUNTRY) (DUNTRY)
		Chul	Staly U.S.A
		3 FATHER'S NAME/	14 MOTHER'S MAIDEN NAME
46 6 8		17	Carlotta Fornero
affending physicion permit. Then pleose on, or removal, and i		M	2,00,0
-등 _ 은		IS WAS DECEASED EVI	RINUS ARMED FORCES? 16 SOCIAL SECURITY NO 17 INFORMANT Address James as
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on. by the afti ronsit pert			GUETT AUD DELTH
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	/ la	S PART II UIRER S	PERFORMED?
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0 5 5 6	5	200 ACCIDENT WA	SUNDERLYING (205. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 1B.)
4	9	OR CONTRIBUTING	☐ CAUSE OF DEATH
hospital or certificate ched for u pt. of Hear			MEDICAL EXAMINER)
- S S S	MCDICAL	20c TIME OF INJ	IRY Month, Day, Year 20d INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, 20f (City or rown) (County) (State)
高き書品	15	Hour o.	While Not While foctory, street, office bldg., etc.)
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		21. I cert	fy that (1) this haspital) attended the deceased from 19 60 , 19 to 1966, 19 , that (1) (we) la
ECTOR: A should with the		saw the d	eceased give on the causes and on the date stated above
CTOR. Shoul		,220 SUONATURE	22b. DATE SIGNED
		X/13/	An Transport MD PHYS DIRECTOR
y be retoined DIRECTOR: oge 3 should filed with the	1		
S = 8 ⁴	- 1	PHYSICIAN'S	
moy RAI r, po	/		Cak, Enrmanmaul MV Rockville, Marylana
Poge 4 moy be O FUNERAL DIR director, poge should be filed	· -	230. BURIAL, CREMATI	IN, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) (County) (State)
Poge direct shoul	1	REMOVAL (Specifi	nen C
5 0 5 ×		Burlal Burlal	11-14-66 Gate of Heaven Com. Silver Spring, Maryland
	6	24. FUNERAL DIRECTO	R ADDRESS 256 NEC'D-BY REGISTRAR 256 REGISTRAR'S SIGNATURE
VR A15 (4)	4	ROBERT A	PIMPHREY, Bethesda Maryland 14 1966 Chanles Verter



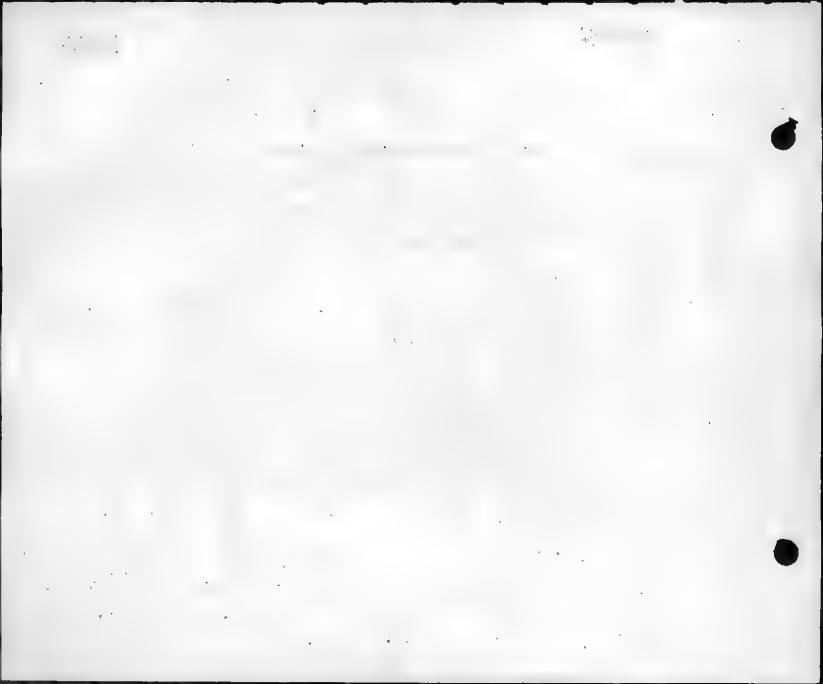
Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

IA	1		15804	CERTIFICATE OF DEATH	15807
deoth		1	PLACE OF DEATH	2 USUAL RESIDENCE (Where deceased lived, if ins	t tut on Residence before admission)
		1	no wtenser		COUNTY
24 hours after ad in by the fu apers. Pages 1 72 hours after			CITY OR JOWN (It outside sopporate limits, write RURAL and give nearest town)		
hours hours		6	CTIES AGI	50MIN fotomac.	1.1
The Property of the Property o	. '/		MAME OF HOSP TAL OR INSTITUTION (If not		e. IS RESIDENCE ON A FARM?
n 24 ha lled in papers. hin 72 h	* //		uborban Hospi	hal 11201 -12/15 Kd	YES NO
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icia ing		72	FATHER'S NAMED	Real Estata Spece	4014
physican physican on please		13	PATHER'S NAME	in a morning ma ven hame	Terrand
The The		15	WAS DECEASED EVER IN U.S. ARMED FORCES?	16. SOCIAL SECURITY NO 17. INFORMANT WITE . A	ddress -
e dmoth certificate be ottending physician or permit. Then please in on, or removol, and in		(Y	s, no grunknown) (If yes give wor or dotes at	service) 579-16 7/60	me as Item 2.
the die off		-	1B. CAUSE OF DEATH (Enter only one cous	Dorothy W. Courembis	INTERVAL BETWEEN
thot then. In. by the ansit			PART I. DEATH WAS CAUSED BY: !MMEDIATE CAUSE (i	actor a girll	ONSET AND DEATH
the party of the p			DUE 1		5hm. 0
hysk hysk gned yriał			Conditions, if ony, which gove	(luftriorlestre Hert fise	- Guna
o bu			rise to immediate couse (a), Substitute of DUE T	0	
law ndin bee				()	
the otte	-	š	PART II. OTHER SIGNIFICANT CONDITIONS CO	NTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a)	PERFORMED?
or o	- F	CERTIFICATION		Last persons they letter excepts to	YES NO S
of the State of th		ERTIF	200 ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH	205. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I ar Part II af item 18.	
hospi cert ched ched			(IF EITHER, NOTIFY MEDICAL EXAMINER) 20c TIME OF INJURY Month, Day, Year	20d. INJURY OCCURRED 20e. PLACE OF INJURY (Hame, form, 20f (City or fown	(County) (State)
the this deto		MEDICAL	Hour a.m.	While Not While factory, street, office bldg., etc.)) (500117)
by there be			Post in	otwork of otwark italian of the deceased from 1962 to 11/	4, 1% (that (1) (wg) las
R: A			saw the deceased alive an	11/ 4 19/ Land that death accurred at 25 M, fram caus	es and an the date stated abave
ATT To in the state of the stat			220 SIGNATURE		22b DATE SIGNED
OR be n			Minn Chr	M.D. PHYS LI DIRECTOR LI PHYS	0 11/4/66
	1	==	PAT PATS CIANS NAME (Type)	P. T. T. A. GAMZINI 22d. ADDRESS 50 W. Edmonston	Da P/h =001
4 n 4 n 4 n 4 n 4 n 4 n 4 n 4 n 4 n 4 n	2				VIC. Kor ranks hy
		23c	Burial, (REMATION, REMOVAL (Specify) 11-8-6		
5 5 5 2 A		24	FUNERAL DIRECTOR		registrars signature
VR A1II (4) 20 M 1/66	1			, Bethesda, Maryland DATE NOV 1 0 1956	Cliarles Judge
	1 10	-		Invite it as I a	



15888 OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 15808 CERTIFICATE OF DEATH

1. PLACE DF DEATH a. COUNTY	2. USUAL RESIDENCE (Where deceased lived, If institution: Re a. STATE b. COUNTY	esidence before admission)
Montgomery MARYLAND		ntgomery
b. CITY OR TOWN (if outside corporate limits, c. LENCTH OF STAY IN 1b	c. CITY OR TOWN (If outside corporate limits, write RURAL	
write RURAL and give nearest town) Bethesda DOA	Bethesda	
d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address)	d. STREET ADDRESS	e. IS RESIDENCE
	at a tradit supplied	ON A FARM?
The Clinical Center, Bethesda, Maryland	7201 Barnett Road	YES NO X
3. NAME OF First Middle DECEASED	Last 4. DATE Month	Day Year
(Type or print) Herbert August	Crandell DEATH November	3 19 66
	8 DATE OF BIRTH 19. ACE (In years LIEUNDER:	YEAR HE UNGER 24 HRS.
Male White WIDOWED DIVORCED	8 March 1908 58 yrs. Months	Days Hours Min.
10a. USUAL OCCUPATION (Glye kind of work done . 10b. KIND OF BUSINESS OR	11. BIRTHPLACE (County & State, or foreign country) 12. Cl	TIZEN OF WHAT
during most of working life, even if retired) Scientist U.S. Government		SA
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME	OM.
Frank Crandall	Susan Coffin	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. (Yes, no, or unknown) (If yes give war or dates of service)	INFORMANT The Medical Records	
	ne Clinical Center, Bethesda, M	arvland
18. CAUSE DF DEATH [Enter only one cause per line for (a), (b), and (c).]		INTERVAL BETWEEN
PART I. DEATH WAS CAUSED BY: Boand matters for	111910	6 Months
IMMEDIATE CAUSE (a) RESULTATORY TAL.	Luie	O MONTONS
I DUE TO		
Conditions, If any, which (b) Amyotrophic lat	eral sclerosis	3 Years
cause (a), stating the DUE TO		
underlying cause last. (c)		
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT REL	ATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(8)	19. WAS AUTOPSY PERFORMED?
CAT		YES Y NO
20a, ACCIDENT WAS UNDERLYING 20b, DESCRIBE HOW INJURY OCCU	URRED. (Enter nature of injury in Part I or Part II of Item 18.	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELIZED AS ACCIDENT WAS UNDERLYING TO CAUSE OF DEATH OR CONTRIBUTING TO CAUSE OF DEATH OR CONTRIBUTING TO CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		
	top or chibitis the section of this or house.	nty) (State)
3 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLF	ACE OF INJURY (Home, farm, 20f. (City or town) (Cou bry, street, office bldg., etc.)	itty; (State)
20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLF factor 20d. INJURY OCCURRED 20d. INJURY OC		
21. I certify that (this hospital) attended the deceased from.	Nov. 1966, to 3 Nov. 196	that XI) (we) last
saw the deceased alive on (DOA) 3 Nov 19 66, and tha	t death occurred at 8:550, from the causes and on the	ne date stated above.
22a SIGNATURE	22b. D	ATE SICNED
(1)	D. PHYS. DIRECTOR PHYS. X 3 NOV	rember 1966
de privir ante M.		
NAME CIVEL O	,	National
Jon D. Dorman, MD	Tnstitutes of Health, Bethes	inty) (State)
23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETER		
Burial 11-7-66 Ariington		
24. FUNERAL DIRECTOR ADDRESS	25a. REC'D BY RECISTRAR 25b. RECISTRAR	S SIGNATURE
ROBERT A. PUMPHREY, Bethesda, Ma:	TYLANG NOV 7' 1966 Miles	-1/2 (1.1.2



- FOR STAT

PM3. Page

y delay is

O FUNERAL DIRECTOR: Page 3 should be said as a burial-tensit permit. Proceeds land 2 with the State Department of Health or its designated agent, prior to burial, cremation, ar remaval, and in any event within 72 hours ofter death. Kanmer's Office along with form 5 may be retained far your files.

necessary, please execute the certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to

the funeral directar. Page 4 should be forwarded to the Chief Medical

TO DEPUTY MEDICAL EXAMINER:

This certificate should be executed within 24 hours after death if

MARYLAND STATE DEPARTMENT OF HEALTH

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

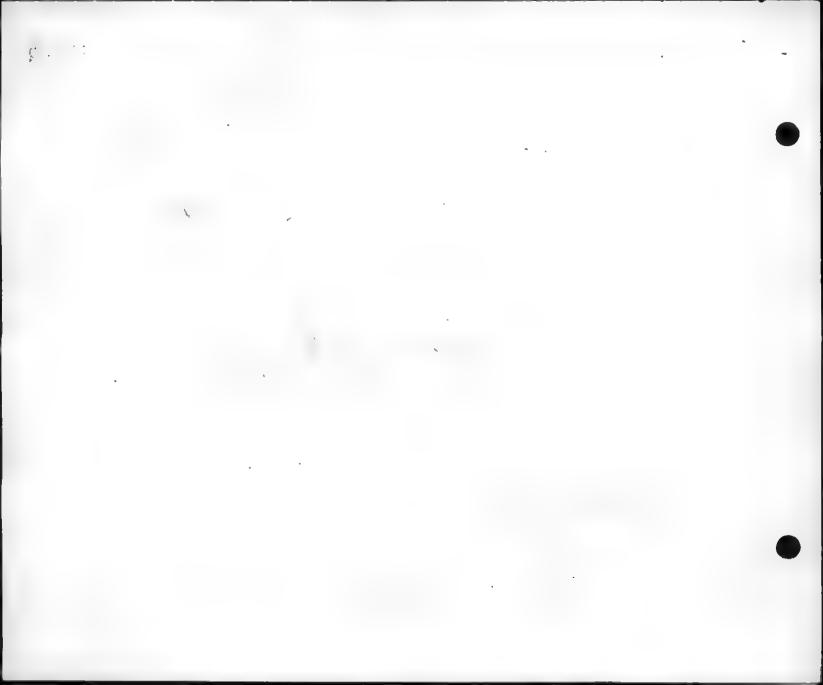
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MEDICAL EXAMINER'S CERTIFICATE OF DEATH

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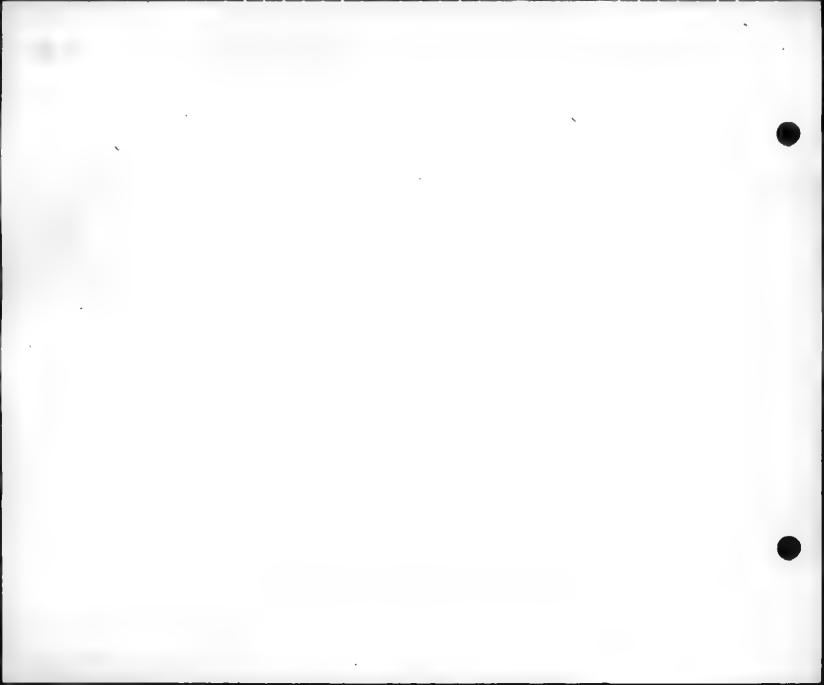
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-		f outs de corporate l'mit		MARYA				ata Lauta auta DID		ONTGOMERY
	write RURAL and give nearest town)				C C TY OR TOWN (F			KAL and give	nearest tawnj	
		NEY		5 DAYS			KEVILLE			, , , ,
		AL OR INSTITUTION (If no				d STREET ADDRESS				e S RESIDENCE ON A FARM?
		TGOMERY GEN	ERAL HO	SPITAL		4501	GREGG	ROAD		YES NO X
3	NAME OF DECEASED		rst	Modle		Lost	4 DATE OF	Man		Day Year
	(Type or print)	RA	MIE	None		CRUM	DEATH	1	1	22 19 66
S	SEX	6 COLOR OR RACE	7 MARRIED	NEVER MARR ED	□ €	DATE OF BIRTH	1	9 AGE (In years	IF UNDER 1	
	FEMALE	WHITE	WIDOWED	DIVORCED		3-11-15		lost-fraudos)	Months	Doys Hours Min
10	USUAL OCCUPATION	(G ve kind of work done		OF BUSINESS OR		11 BIRTHPLACE (Sto	ote or foreign (,	12 CITI	ZEN OF WHAT
du	ing most of working Housewill		INDU	STRY		NORTH C	AROLINA	4	(0.	NTRY? USA
13	FATHER'S NAME	<u> </u>				14 MOTHER'S MAIDE	N NAME			
	JESSE	TICKS						NAME UN	KNOWN	
IS	WAS DECEASED EVE	RIN . S ARMED FORCES?	16 501	CIAL SECURITY NO	17 1	FORMANT		Addre	955	
(1	es, no, or unknown)	(If yes give wor or dotes o	of service)		1	SEDICAL RE	CORDS E	EPT.		
H		ATH (Enter on y one cau	se per line torca). (b). ond (c))		-4-		/2		INTERVAL BETWEEN
	PART I. DEAT	H WAS CAUSED BY	10	enero.		10000	1	· Mou	7 1	ONSET AND DEATH
	9/6 0	IMMEDIATE CAUSE				gun	COV	g. El ou	Cr. Al	
	Conditions, if ony,	which nove 3		moren	- 2	5 70	P 11	0.00	. /	000
	rise to immediate	cause (o),	(b) -0/L	0000		7		tory Isl	NIG	ever,
	stating the under	lying couse	. 4/,						0	
		MIEICANT CONDUTIONS S	(t) ALL	DEATH DUY NOT DELAT	270 7	CO J		- In Oaby 1/)		I IO WIAC A TORSY
CATION		ENIFICANT CONDITIONS O	ONIKIBOTING TO	DEATH BUT NOT XILATE	ן טו טי	HE TEXMINAL DISEASE (ONDITION GTVI	N IN PAKE I(0)	7 *	PERFORMED?
CERTIFICATION	20g. EXTERNAL CAL PRIMARY 2 or CON CAUSE OF DEATH.	JSE WAS ITRIBUTING []	20b DESCI	RIBE HOW INJURY OCCU		erned -	whi	le all	emp	ting to
MEDICAL	20r TIME OF IN	RY Month, Day Year	20d INDA	RY OCCURRED 20	le PLAC	OF .N.URY (Horne, fo	orm 20f	(City or town)	-Z(our	nty) (State)
MED	7000 cm	7/1-17 191	66 While C	Not While of work	forto	ry, street, office bldg. e		okevill	2 More	Egen Me,
	21. I certify	that I taak charge	e of the rema	ns described abay	re, hel	d an Autapsy 🔀	Inspect	an Ar Inqu	iry 🔀 '	and 'n my apinia
	death result	ed from Natura	causes [],	Accident	Sulci	de 🔲, Hom cio	de 🔲, U	ndetermined m	anner 🗋	
	ACTUAL	2/10/		////		CHIEF MEDIC	AL EXAMINER			On Dave Contra
	SIGNATURE	Je ldr	u /C	1000	2	- '41 L/	EDICAL EXAMIN	1		22. DATE SIGNED
	EXAMINER'S NAME (Type)	BELDEN	RIK	JEADS N	1,2		CAL EXAMINER		ev. 3	12, 1966
	REMOVAL (Specify)		REOF	23c NAME OF CEMETER	RY OR C	REMATORY	23d +8	EATION (City or Tox	wn)	County) (Stote)
21	REMOVAL (Specify)	11/43	100	July 1	1-2-	cemi	(D DY DICTY	CAR 25h RE	CICIDADA	NATURE .
24	Myson L	o heller	unejet	14000	9 1	SOLI MOL	CD BY REGISTS	2 faces #	GISTRAR'S SH	SNATURE VIII
		/33/	Kakeil	Kr Ostel 1	UTP	orla Maria	40 1	366 /CC	- Tung	in Park

VR A15ME (5) 6M 1/66



Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

FOR S	TATES		1580'7 MEDICAL EXAMINER'S CERTIFICATE OF DEATH	15810
HEALTH	DEPL		PLACE OF DEATH 2 USUAL RESIDENCE (Where apreased lived, finst)	
ay is 3 to Poge	产式		o COUNTY MONT GOMES LET MARY AND O STATE MICH 6 CO	WAT Ment. On
d 3	dea		b CITY OR TOWN (If outside controrte mits, CENGTH OF STAY IN 16 CCTY OR TOWN (If outside corporate limits, write F	RURAL and give nearest town)
y del , ond PM3.	partment of after death.		write RURAL party give portest town) Settles da J.O. A Bettles da	15.1
7 5			d NAME OF HOSP TAL OR INSTITUT ON (If not in hospital, give street address) d STREET ADDRESS	# IS RES DENCE ON A FARM?
es 1, form	99 g g		Juburban 9202-Ced	Telace YES NO X
ter death I Give Pages ing with fou	e Stote De 72 hours			onth Doy Year
ofter death 8. Give Pag olong with	the in 7		OFCEASED (Type or print) Wilma C. Curtin DEATH MC	1. 25 1966
of fe	with the within	5	SEX 6 COLOR OR RACE 7 MARR ED NEVER MARRIED B DATE OF BIRTH 9. AGE (In years last burnday)	Months Doys Hours Man
18. 18.	2 = 2	1	EMALE White to WOOWED DIVORCED WELL, 1, MILL 63 yes	1/ 18
heurs Item 1 Office	and 2 event		USUAL OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR 11 BIRTHPLACE (State or foreign country) in most of working life even first red)	12 CITIZEN OF WHAT
	/		Decreption gout. How york	16.5.11
within 24 pencil in xaminer's	n ony	13	FATHER'S NAME	0
with: penc	EE	_	Tour sed path, a seffice ac	hopp
_ c w/			WAS DECEASED EVER IN U.S. ARMED FORCES? 16 SOCIAL SECURITY NO 17 INFORMANT () 17 INFORMANT () Add Add	936-10/2 dyla
execute inding: Medical	removal,		-10 -10 096-01-7812 Bentard Curtin 3:	Tues 5/1/176
e executed pending" i ef Medical	rem rem		18 CAUSE OF DEATH (Enter only one couse per line for (o), (b), ond (g) PART I DEATH WAS CAUSED BY	ONSET AND DEATH
	burial-transıt mation, ar re		IMMEDIATE CAUSE (o) HEATE CORROLATELY THAT IT THE	ay Immet
word the C	a burial-tı cremotion,		(conditions forly, which gove) (b) Severe Arteriosche 10505	1 1/2. ==
he he to t	bur		rise to immediate couse (o), (pair 10	14817
	os a I, cre		storing the underlying couse lost.	
ertifica writing warded			PART II OTHER SIGN FLANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERM NAL DISEASE CONDITION GIVEN IN PART I(0)	19 WAS AUTOPSY
, 5		TION	Diploster Mallitus	PERFORMED? YES DO NO
This cate	e 0 -√	CERTIFICATION	200 EXTERNAL CAUSE WAS 200 DESCR BE HOW NURY OCCURRED [Enter nature of injury in Port I or Port I of item 18]	113/41 110
Certificate certificate ould be f	s. nould prior	CERT	PRIMARY ☐ OF CONTRIBUTING ☐ CAUSE OF DEATH	
the cer	our file; ge 3 sh ogent,	MEDICAL	20c TIME OF INJURY Month, Day, Year 20d N. RY OCCURRED 20e PLACE OF INJURY (Home, farm 20f (City or town)	(County) (State)
# # # # # # # # # # # # # # # # # # #	ge	MED	Hour o m While Not While foctory, street, office bldg., etc }	
E de la control				quiry , and in my opinion
exe	ained for y I RECTOR: Po designated		death resulted from: Notural causes Accident , Suicide , Hamicide Undetermined	
please direct	REC REC dest		CHIEF MEDICAL EXAMINER	Second Second
	ts D		SIGNATURE OF B. B. B. M.D. ASSISTANT MEDICAL EXAMINER	22. DATE SIGNED
ary,	ERA or		EXAMINER'S DEPLTY MEDICAL EXAMINER A	126/66
O EFPETY necessary, the funeral	5 may be TO FUNERAL Health or i	22	NAME (Type) John G. Ball Address (Street, city, town, or county) Be BURIA, CREMATION 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or	
5 a 4	5 0 °E	230	REMOVA_(Spec fy)	Iown) (County) (State)
	1	24	Burial II/29/66 Gate of Heaven Silver Spi	REGISTRAR'S SIGNATURE
VR	A15ME (3)		NOV 0 0 10-	Marla Judas
	1700		obert A. Pumphrey, Bethesda, Md. DATE NUV 3 () 1966	Mary De Verdal



Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

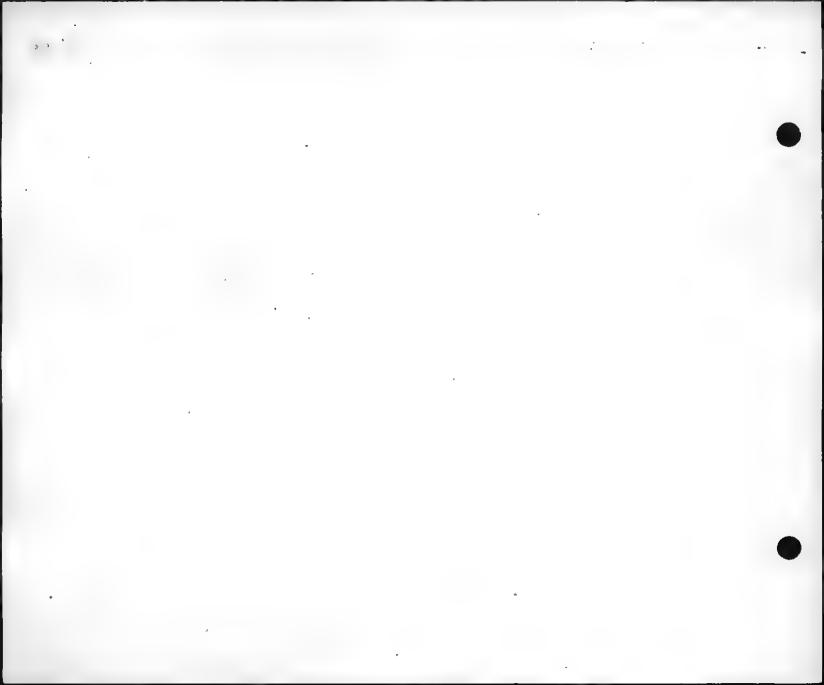
FOR STATE IN / HEALT

15841

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

15844

MEALTL	DEDT	VIII	1		I a Means mellioniste our	10037
HEALIT	DEIN.	\neg		LACE OF DEATH COUNTY	2 USUAL RESIDENCE (Where deceased lived if institution Residen	ce before odmission)
ta ta	nent af death		ì	MARYLAND MARYLAND	7/12,	2717. CO.
ay 1.	ent			CITY OR TOWN 41f autside corporate mits, LENGTH OF STAY IN 16	c CITY OR TOWN of outs de corparate limits, write RURA, and give	e nearest tawn)
dall and M3.	E _			wr te RIIPAt and give nearest lown)	Better 3 d 2	· /
F 22 F	Department rs ofter deal			NAME OF HOSPITAL OR INSTITUTION (If not in paspital give street address)	d STREET ADDRESS	8 IS RESIDENCE
E	De	1 1	,		d STREET ADDRESS	ON A FARM?
es 1, form	tate De haurs	1		Julien ban	40 46 -Char - 10/12 5	YES NO
daath e Pages with for	2 5			IAME OF First / Middle (Dal	y lost 4 DATE / Manth	Day Year
				(Ype or print)	TIT / OF DEATH MOTE	3019/6
after di 8 Give alang w	with th		5		8 DATE OF BJRH 9 AGE (In years IF NDER	
A/2	-		6	2 26 WILL WOODSXXXX DIVORCED TO	Months Months Months Months	Days Hours Min
hours Item 1 Office	0(1)	-	/10a	USUAL OCCUPATION (Give kind of work done 10b kIND OF BUS NESS OR	11 B RMPLACE (State of fareign country) 12 CIT	TIZEN OF WHAT
	(I)		quil	in most of working life, even if retured) INDUSTRY	V151.16 (4. 18	11042 J. 17
24 In er's	N E		12	FATHER'S NAME	14 MOTHER'S MAIDEN NAME	10-11
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I within 24 n pencil in Examiner's	File		/	In Inde U lact. Tarrall	(horice hola. a.	11/11/5
-0 .=				WAS DECEASED EVER IN S ARMED FORCES? In a, or unknown) (If yes give war ar dates of service)	INFORMANT Address 5 7	- X2 HI
ng de	permit.		(10	Unknown	nared Theres Hit	ill had
pending"	ansit permit. ar removal,		J	18. CAUSE OF DEATH (Enter only one cause per line far (o), (b), and (c).)		INTERVAL BETWEEN
	burial-transit matian, ar re		1	PART I DEATH WAS CAUSED BY		CONSEL AND DEATH
d be rd "pe Chief				572 / IMMEDIATE CAUSE (o)		
ward the C	a burial-tr crematian,			Conditions of any which ages a		Endays
e sh the	P E			nse to immediate cause (a)		4
	0 0			stoting the underlying cause DUE TO	3.4	& days.
ertifica writing warded	S —,				ii ru sur s. si colon	
s certificat s, writing farwarded	used as burial,		2	PART I OTHER SIGN FICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO T	THE TERM NAL DISEASE COND T ON G VEN IN PART (a)	19 WAS AUTOPSY PERFORMED?
	be o	de	CERTIFICATION			YES NO
This see			E	200 EXTERNAL CAUSE WAS 20b DESCR BE HOW INJURY OCCURRED	(Enter nature of injury in Part I ar Part I af item 18.)	
ER: certif	les should ! t, priar		CER	PRIMARY ☐ or CONTRIBUTING ☐ CAUSE OF DEATH		
MINER the cer 4 shau	sh iles		3		CE OF INJURY (Hame, form 201 (City or town) (Co.	unty) (State)
# # 4 4 5 4 5 5 4 5 5 4 5 5 4 5 5 4 5 5 4 5 5 5 6 5 6	aur file age 3 sh agent,		MED.	Hour a.m. While Not While fach	tory, street, affice bldg , etc)	(3.00)
ute ute				pm. 19 atwork atwork		
Xec	retained for y			2). I certify that I taak charge of the remains described above, he		and in my op'n on
5 0 1	ed Clark			deoth resulted fram Natural causes 🔀 , Accident 🔲 , Suic	Gae 🔲, Homiade 🔲, Undefermined manner 🗌	
MEDI please direct	DIRECT S design			ACTUAL O-la h B-DI.	CHIEF MEDICAL EXAMINER	DA DATE SLOVED
	ia Cara			ACTUAL SIGNATURE John G. Ball.	M D ASSISTANT MEDICAL EXAMINER	22. DATE SIGNED
From Para	RAI or			EXAMINER'S TOURS C PATT	DEPUTY MEDICAL EXAMINER X 104/1/66	
D DEPUTY necessary, p the funeral	5 may be TO FUNERAL Health or i	10		NAME (Type) JOHN G. BALL	Address (Street, city, town, or county) Bethesd	a, Md.
o o o	2 H		23a	BURIAL, CREMATION, 236 DATE THEREOF 230 NAME OF CEMETERY OR	CREMATORY 23d LOCATION (City or Town)	(County) (State)
T	~ 5 ±/	1	1	Remova (Specify) 12-3-66 Rockville	Cemetery Rockville, Ma	ryland
		6		FUNERAL DIRECTOR ADDRESS	25g RECD BY REGISTRAR 25h REGISTRAR'S S	
VF	R A15ME (5,	(-	R	BERT A. PUMPHREY, Bethesda, Mary	land DATE GEC 5 1936	× 1 1 24 42

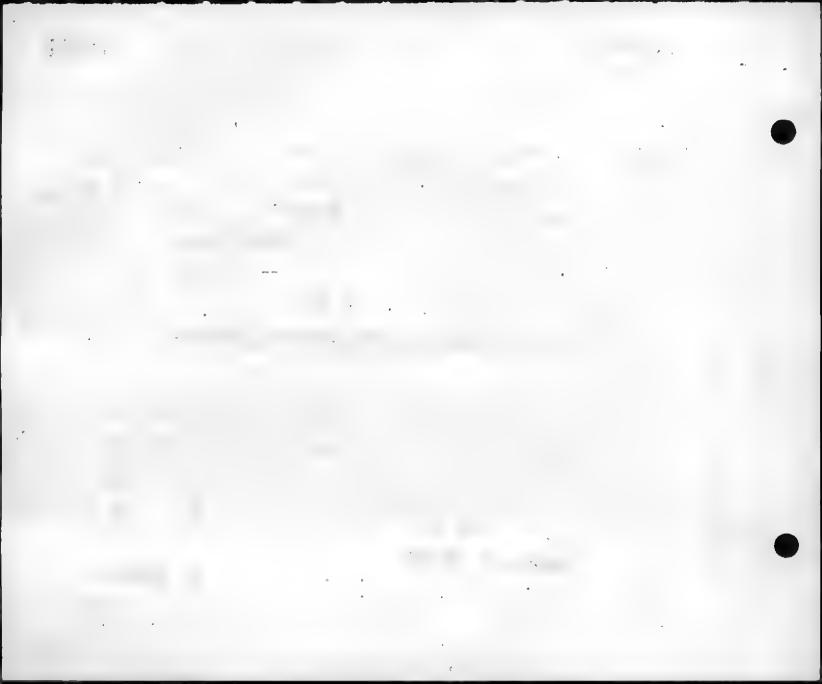


TO DEPUTY MEDICAL EXAMINER. This certificate sloul be executed within 24 hours after leath. It am let by the bease execute the certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the funeral director. Page 4 should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for your files. 10 FUNERAL DIRECTOR: Page 3 should be used as a burial-transit perture File pages 1 and 2 with the State Department of Health or its designated agent, prior to burial, cremation, or removed and in any event within 72 hours after death.

> AISME (5) 1/65

MARYLAND STATE DEPARTMENT OF HEALTH
Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
MEDICAL EXAMINER'S CERTIFICATE OF DEATH
15811

1 -		43 46
1.	a. COUNTY	2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) a. STATE b. COUNTY
L	Montgomery MARYLAND	Maryland Montgomery
	b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) MARYLAND C. LENGTH DF STAY IN 1b	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)
	Rockville Years.	Rockville, Maryland
	d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address)	d. STREET ADDRESS 6. IS RESIDENCE ON A FARM?
	1120 Allison Drive	1120 Allison Drive YES NO TX
3.	. NAME OF First Middle	Last 4. DATE Month Day Year
	(Type or print) Frank C.	Darcey DEATH November 29 1966
5.	. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8.	DATE OF BIRTH 19. AGE (In years LEUNDER 1 YEAR REUNDER 24 HRS.
	Male White WIDOWED DIVORCED	7/8/1901 last birthday) Months Days Hours Min.
1Da	Da. USUAL OCCUPATION (Give kind of work done 10b, KIND DF BUSINESS OR	11 RIPTHPLACE (State or foreign country) 12. CITIZEN OF WHAT
Gui	uring most of working life, even if retired) INDUSTRY Mechanic	Maryland. Quist.
13		14. MOTHER'S MAIDEN NAME
	William E. Darcey	Blunden
15	5. WAS DECEASED EVER IN U.S. ARMED FORCES? 16, SDCIAL SECURITY NO. 17, 11	NFORMANT Address
(X	Man ma an ambound 1 (16 ann albu wan an dahan af annatan)	ife-Virginia G. Darcey same item #2
		Virginia G. Darcey same item #2
	PART I. DEATH WAS CAUSED BY:	officency Acute. Sheet AND DRATH
	22 72 75 75	Joerati.
	Conditions, if any, which \	
	gave rise to immediate	
	cause (a), stating the DUE TO underlying cause lest,	
z	(0)	ED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY
TIO	TOTAL IN COMMENSATION OF STREET OF THE POST OF THE POS	PERFORMED' YES NO X
FIC	2Da. EXTERNAL CAUSE WAS 2Db. DESCRIBE HOW INJURY OCCUR	RED. (Enter nature of Injury in Part I or Part II of Item 18.)
CERTIFICATION	PRIMARY OF CONTRIBUTING CAUSE OF DEATH.	The factor fields of many merces of the field of the fiel
AL S	20c. TIME OF INJURY Month, Day, Year 2Dd. INJURY OCCURRED 2Ds. PLACE	E OF INJURY (Home, farm, 20f. (City or town) (County) (State)
MEDICAL	Hour a.m. While Not While factory	, street, office bldg., etc.)
Z		an Autopsy , Inspection , Inquiry , and in my opinion
	21. I certify that I took charge of the remains described above, held	
	death resulted from: Natural causes , Accident , Suici	
	ACTUAL O.S. B. B. S.	CHIEF MEDICAL EXAMINER 22. DATE SIGNED
	7076 Old Goo D	M.D. ASSISTANT MEDICAL EXAMINER 22. DATE SIGNED d. DEPUTY MEDICAL EXAMINER 2 100 . 21,66
	EXAMINER'S Schn G. Ball Bethesda, 17d.	Address (Street, city, town, or county)
230		
	Burial Cremation, 23b. Date thereof 23c. NAME OF CEMETERY Control Parklawn Cem	etery Rockville, Maryland
24	4_ FUNERAL CIRECTOR ADDRESS	25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE
		DATE DEC 1 1956 feliarles Judge
1	Rockville, Myrvland	





158	U	CERTIFI	CATE OF DEATH	15813		
o. COUNTY	Hotelmery Mont	gomery MARYL	o. STATE	ed, if institution Residence before adm şsjón) b. COUNTY		
b (ITY OR TOW write BURAL Bethes	N (If outs de carporote amits, and give nearest town) da (rural)	55 Days	c. CITY OR TOWN (if outside corporate limited and an article).			
d. NAME OF HOS	PITAL OR INSTITUTION (If not in	haspital, give street address)	d. STREET ADDRESS	e IS RESIDENCE ON A FARM?		
U.S.Na	val Hospital,	Bethesda.Md.	3314 Haves Stree			
3. NAME OF	First	Middle	Dortehn 4. DATE	Manth Day Year		
(Type or print)	Abraham	(NMN)	WHIREM JE DEATH	November 5 1966		
S. SEX	6 (OLOR OR RACE 7	MARRIED NEVER MARRIED	8 DATE OF B.RTH 9 AGE	(In years IF UNDER 1 YEAR IF JNDER 24 F		
Male	Negroid	V DOWED DIVORCED		O yrs Months Days Haurs M		
during most of work U.S.N 13. FATHER S NAMI Abra	ham Dawson	106 KIND OF BUSINESS OR INDUSTRY	Joplin, Mo. 14. MOTHER'S MAIDEN NAME Unkown 17. INFORMANT	ountry) 12 (IT.ZEN OF WHAT COUNTRY? USA		
(Yes, no or unknow Yes	EVER IN U.S. ARMED FORCES? (If yes give war or dates of set DEATH (Enter only one couse p		Carrim B. Dawson 3314 H			
	EATH WAS CAUSED BY.	77 3 1 4 70 1	10000	ONSET AND DEATH		
rise to immed	IMMEDIATE CAUSE (a). DUE TO Iny, which gove liote couse (a), derlying cause (c)					
PART II. OTHER	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a)					
OR CONTRIBUT	WAS JNDERLYING [] ING [] CAUSE OF DEATH IFY MEDICAL EXAMINER)	205 DESCRIBE HOW INJURY OCC	URRED (Enter nature of injury in Port I ar Part II af	item 18)		
20x TIME OF Hour	INJURY Manth, Day, Year o.m.	20d. INJURY OCCURRED 2 While Not While	Oe. PLACE OF INJURY (Hame, farm, 20f (City factory, street, affice bldg., etc.)	or town) (County) (Stat		

22a. SIGNATURE

21. I certify that (I) (this haspital) attended the deceased from saw the deceased alive an Nov. 5 19.66, and the

factory, street, affice bldg., etc.

Sept.12 1966 Nov.5 1966, that (I) (we) last ta. 19.66, and that death accurred at 7:47 MM ram causes and an the date stated above. 22b. DATE SIGNED Nov.5, 1966

STAFF PHYS.

ATTENDING PHYS M.D 22c PHYSICIAN'S-NAME (Type) 22d ADDRESS D.R.Foreman MD

U.S. Naval Hospital, Bethesda, Md.

230	BURIA , (REMATION, REMOVA (Spenty)	236 DATE TH
0.4	COMPAND DIDECTOR	

EREOF

23c. NAME OF CEMETERY OR CREMATORY Cemetery3d LOCATION (City of Town)
Arlington National Comorty Arlington ADDRESS Jarvis Funeral Home, 1432 U St.NW, Washington DC

2Sa. REC'D BY REGISTRAR

Arlington 25b. REGISTRAR S SIGNATURE

(County)

(State)

O HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. TO FUNERAL DIRECTOR: After this certificate hos been signed by the ottending proseculand campletely filled in by the funeral director, page 3 should be detached far use as the burial-transit permit. The please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremotian, or removal, and in any event, within 72 hours after death Poge 4 may be retained by the hospital or ottending physician. YR A15 (4)

MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESJON STREET, BALTIMORE, MARYLAND 21201 15811 2 USUAL RESIDENCE (Where deceased lived, if institution. Residence before admission) PLACE OF DEATH b. COUNTY a. COUNTY Montgomery MARYLAND Marvland b CITY OR TOWN (If autside carparate limits, CLENGTH OF STAY IN 16 c CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) write RURAL and give nearest town) Bethesda (rural Andrews Air Force Babe 52 Days e IS RESIDENCE ON A FARM? d. NAME OF HOSPITAL OR INSTITUTION (If not in haspital, give street address) d STREET ADDRESS 22 Pine Street AFB Trailer Pk U.S.Naval Hospital YES NO 3 NAME OF Mixidle DECEASED Alan Diamond DEATH November (Type or print) Gregory YEAR IF JNDER 24 HRS 8 DATE OF BIRTH AGF (In years 5 SEX 6 COLOR OR RACE NEVER MARRIED K 7. MARRIED lost birthdoy) Months Doys Hours WIDOWED DIVORCED April.11.1963 Male Cauc 10a USJAL OCCUPATION (Give kind of work done 11 BIRTHPLACE (County & State, or foreign country) 12, C TIZEN OF WHAT 10b K ND OF BUSINESS OR COUNTRY? during most of working ife, even if retired) INDUSTRY Infant Maryland TISA 14. MOTHER'S MAIDEN NAME 13 FATHER'S NAME Geri Louise N. Féri Thomas A. Diamond 17. INFORMANT 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 22 PineAdded AFB Trailer Pk. (Yes, na, ar unknown) (It yes give war or dates of service None Thomas A. Diamond Andrews AFB .Marvland No

INTERVAL 8ETWEEN 18 CAUSE OF DEATH (Enter anly one couse per line for (a), (b), and (c)) ONSET AND DEATH PART DEATH WAS CAUSED BY Massive cerebral hemorrhage, right IMMEDIATE CAUSE (o) DUE TO Vascular malformation of cerebellum Conditions, if any, which gave rise ta immediate cause (a), DUE TO stating the underlying cause lost 19. WAS AUTOPS?
PERFORMED?

PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a)

Hour a.m.

Bronchial pneumonia, lower lobes

205. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)

20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c TIME OF INJURY Month, Day, Year

20d INJURY OCCURRED Not While at wark

20e. PLACE OF INJURY (Home, form, factory, street, office bldg., etc.)

(City or town)

(County) (State)

YES X

NO

19.66, to Nov. 20 19_66 that (1) (we) last 21. I certify that (1) (this hospital) attended the deceased from Sept. 30 saw the deceased alive on Nov. 20 1966, and that death occurred ab30 AM, from couses and on the date stated abave

220 SIGNATURE

Jerry J. Tomasovic. M. D.

ATTENDING M.D 22d. ADDRESS DIRECTOR

1966

22c. PHYSICIAN'S

230 BUR AL, CREMATION

23b DATE THEREOF

11-23-66

23c. NAME OF CEMETERY OR CREMATORY Arlington National

23d. LOCATION (City or Town)

Naval Hospital. Bethesda, Md.

(County) (State) Va.

director, page 3 shauld be filed v Burial (Specify)

CERTIFICATI

24. FUNERAL DIRECTOR

7557 Wisconsin Ave. R.A. Pumphery Funeral Home Bethesda Maryland

Cemetery. 250 RECD BY REGISTRAR

Arlington 256 REGISTRAR'S SIGNATURE

VR A15 (4) 20 M 1/66

0

M

ded

ician and campletely filled in by the fur lease remave corbon papers. Pages I and in any event, withjn 72 hours after

lease

attend#

-transit

signed by burial-trans

has been

b

cremation,

burial,

as the prior tak

After this certificate has be detached for use of State Dept. of Health p

DIRECTOR: An age 3 should lifed with the S

funeral

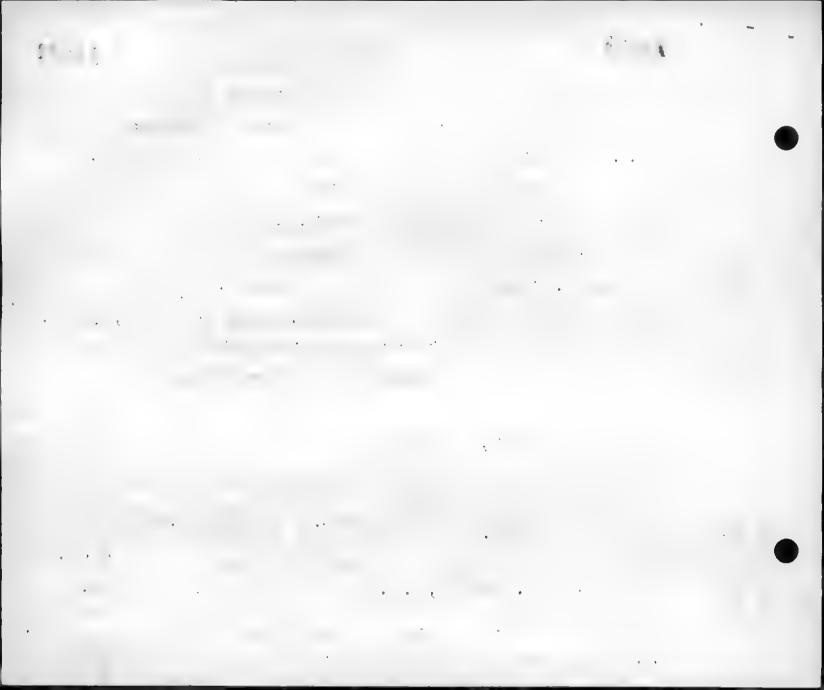
within 24 hours after death.

executed

The law requires that the death certificate

be retained by the haspital or attending

Page 4 may FUNERAL



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

15812

HEALTH

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

FOR ST	ATEM)		15812	MEDICAL EXAMINER	'S CERTIFICATE O	F DEATH	15815
HEALTH	DEPT		LACE OF DEATH		2. USUAL RESIDENCE (V	Vhere deceased lived, if institut	tion: Residence before admission)
e o e.	4 of	9-4	The motions	Pru- MARYLAND	mary	b 503	nontgomery
ay is 3 to Poge			CRY OR TOWN (La side corporate		1 / / /	ts de corparate limits, write RU	Pål and give henrest town
del and M3.	Department rs ofter deol		OPY OR TOWN (I conside corporate I write RURAL and give neglect town)	20 years	12.0	V.	ARE OND GISCONIOSI TOWNS
2 2 2	partm ofter	1	seven Negr	~~~	xilliver.	spring	/5:/
E ⊢ E	s o	,	NAME OF HOSPITAL OR INSTITUTION (2 1 / Cu	d STREET ADDRESS	++ &	e IS RESIDENCE ON A FARM?
es 1, form	ate De hours		TIO3 Hew	att avenue	4103 The	with ave	YES NO
death I Pages with for	e Sta 72 h	3.	IAME OF	First Middle	Last	4 DATE Mon	th Doy Year
TO 00 >			Type or print) LesTer	Earle DIX	on	OF DEATH	- 26 1966
ffer Giv	숙 를	S	EX 6 COLOR OR RACE	7 MARRIED NEVER MARR ED	8 DATE OF BRIM	T 0 + 0 = 4:	IF UNDER 1 YEAR IF UNDER 24 HRS
18. Olo			MW	WIDOWED DIVORCED	9eb. 17, 1	893 73 lost bathdoy)	Months Doys Hours Min
	ond 2 event	100	LISUAL OCCUPATION (Give kind of world		BIRTHPLACE (State	7 -2	12 CHIZEN OF JYHAT
五(五)	ges lond2 ony event	dup	USUAL OCCUPATION (Give kind of work of most of working life, even if retired)	LICE COLLETINDUSTRIC SKIEGOGGG	Dans him	- Thork	TOMYRY?
2 E	poges 1	12	Et. Auditor X OU FATHER S NAME	CO. BOODOCCORPOREDO	14. MOTHER'S MAIDEN N	IAME /	a car out
menthin n pencil Exomine	od m					1/	
X Or	File		ysses S. Dixon		Eliza	Callerton	
			WAS DECEASED EVER IN U.S. ARMED FORCE THO, or unknown) (if yes give worlor, du	tes of sarvice)	7 INFORMANT	Addr	Centez Ave.
E 6:00	permit moval,	146	yes Will.	L 577-36-9255	Mrs. Eleanor 1	9. Wertman Mi	incu. Pa.
d Le mxecated d'pending" Chief Medicol				e couse per line for (a), (b), and (b)		0 /	INTERVAL BETWEEN
iet e	insii or r		PART! DEATH WAS CAUSED BY.	IISE (6) Ucute	orenary	moule	ONSET AND DEATH
			11 7 13 1	DUE TO	1 1	o dila	
Nould word the C	used as o buriol-transit burial, cremotian, or re		Conditions, if any, which gave	(b) Witanesel	notes He	as & delega	aso 1
to the	bu Smc		rise to immediate cause (o),	Due 10			
ed t	as o I, cre		stoling the underlying couse	(c)			
ert.fico writing worded	d o			NS CONTRIBUTING TO DEATH BUT NOT RELATED	TO THE TERM NAT DISEASE CON.	DITION C VEN IN DART I(a)	T19 WAS AUTOPSY
cert.ficoto, writing forworded	used buria	NO.		1	· ·		PERFORMED?
Thrs icate, be fo	p p	CERTIFICATION	20 5450000 54000		rerlensee	•	YES NO
	prior	RTE	20a EXTERNAL CAUSE WAS PRIMARY ☐ or CONTRIBUTING ☐	20b DESCRIBE HOW INJURY OCCURR	ED (Enter noture of injury in h	Part or Port II of item 18)	
Certification	shouf t, prii		CAUSE OF DEATH				
MINER the cer 4 shou	ige 3 sh agent,	MEDICAL	20c. TIME OF INJURY Month, Day, Year Hour o.m.		PLACE OF INJURY (Hame, form factory, street, office bldg, etc.)		(County) (State)
A the		8	p m.	While Not While of work	tuctory, street, office blug , etc.)		
S S S S S S S S S S S S S S S S S S S	ted C		21. I certify that I took ch	orge of the remains described above,	held an Autopsy	Inspection X, Inqu	uiry X, and in my apinion
AL SEX	in Duf	ļ			Suicide , Homicide	Undetermined m	
ISe ecto	i RECTOR : Padesignated		163 6		CHIEF MED CAL		
Me dir	L Dil		ACTUAL SIGNATURE	len 181600	A ASSISTANT MEDI		22. DATE SIGNED
TY.	RAL		EXAMINER'S 77		DEBUTY MEDICA	Name and American	
O DEPUTY necessory, the funeral	FUNE solth		NAME (Type) /36LDE	EN K. KEAP	M. () Address (street	city, town or county)	27, 27, 1966
DEPL Scesso ie fun	O FUNE Health	230	BURIAL, CREMATION, 23b. DATE	E THEREOF 23c, NAME OF CEMETARY		23d. LOCATION (City of To	wn) (Coonty) (State)
5 g # 4	2 ±			29, 1966 Cedar Hill	Cemeteru	Suitland, M	
	0	24	FUNERAL DIRECTOR				GISTRAR'S SIGNATURE
VR.A	15ME 8	9	hn B. Th	John Bottomes 84345 Geor	gia Hue.	1	Milarley Judge
01	A 1/66	7/4	rner E. Pumphrey	, Inc. Silver Sp	ring, Ma unit W	UV 3 U ISDD	



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

	15813	CERTIFICATE	OF DEATH	15	816				
	PLACE OF DEATH O COUNTY Montgomery	MARYLAND	2 USUAL RESIDENCE (WHO STATE TY CAN	nere deceased lived, if institut on Resid					
	b CITY OR TOWN (If outside corporate house) write RURAL and give pearest tawn)	C LENGTH OF STAY IN 15	wheato		1 1				
N	d NAME OF HOSPITAL OR INSTITUT ON (If not in in Joshington Sanitarium	iospital, give street address) n + HOSP++a	d STREET ADDRESS T	lack Street	e IS RESIDENCE ON A FARM? YES NO				
	NAME OF DECEASED (Type or print) Baby 9 121		ine NOI	4 DATE OF November	22 1966				
	Female white w	DOWED DIVORCED	Nov. 21, 196	6 last birthday) Manths	24 50				
dur	usual Occupation (Give kind of work done ng most of working life, even if retired)	106 KIND OF BUSINESS OR INDUSTRY	Montgomero 14 MOTHERS MAIDEN NA	, Maryland '	COUNTRY?US A				
	Slyde Doane								
15. (Ye	WAS DECEASED EVER IN U.S. ARMED FORCES? as, no, or unknown) (If yes give wor or dates of serv	16 SOCIAL SECURITY NO.	INFORMANT	∆ ådress					
	18 CAUSE OF DEATH (Enter only one couse pe PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (o)	Immature B	ourth, Neo	notal Doath	ONSET AND DEATH				
	Conditions, if ony, which gove nise to immediate cause (a), stating the underlying cause lost.								
ATTON	PART II OTHER SIGNIFICANT CONDITIONS CONTR	BUTING TO DEATH BUT NOT RELATED TO	THE TERMINAL DISEASE COND	TION GIVEN IN PART 1(a)	19 WAS AUTOPSY PERFORMED? YES NO				
L CERTIF, CATION	200. ACC DENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	20b DESCRIBE HOW INJURY OCCURRED	(Enter nature of injury in Pa	ort I or Port II of Item 18)					
MEDICAL	20c TIME OF INJURY Month, Day Year Hour a.m. p.m. 19	While Not While of work of	CE OF INJURY (Hame, form, tory, street, office bldg , etc.)		(State)				
	21 1 certify that (1) (this haspital) attended the deceased fram Nov 21 , 19 66 to Nov. 32 , 1966, that (1) (we) lassaw the deceased alive an Nov. 22 1966, and that death accurred of 1990, from causes and an the date stated above								
	220. SIGNAHORE)	where M		AED. STAFF 22b.	PATE SIGNED OV. 22, 1966				
24	22C. PHYSICIAN S NAME (Type) FRANK US BURAL-CREMATION, 236 DATE THEREOF	NEUFERGER	1110 S	pring Street, Si	(County) (State)				
L	REMOVAL (Specify) . They . 24.	1966 Donnes	meteres_	Salt Della	That.				
2	FUNERAL DIRECTOR	George Com St. 7	CO. DOE MELT	BY REGISTRAR 256 REGISTRAR'S	Judge.				

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death TO FUNERAL DIRECTOR: After this certificate has been signed by the attending this cian and campletely filled in by the funeral director, page 3 shauld be detached far use as the burial-transit permit. Then peose remave carban papers. Pages I and should be filed with the State Dept. at Health priar to burial, cremation, or regional and in any event, within 72 hours after death Page 4 may be retained by the haspital or attending physician.



ESTON STREET, BALTIMORE 1, MARYLAND STATISTICAL RESEARCH CERTIFICATE OF DEATH 1. PLACE OF DEATH USUAL RESIDENCE (Where deceased lived, if Institution, Residence before admission) COUNTY MARYLAND b. CITY OR TOWN (if outside corporate limits, waite RURAL and give hearest fown) d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street eddress) IS RESIDENCE ON A FARM? YES NO NAME OF DECEASED OF DEATH (Type or print) 19 66 NEVER MARRIED ATE OF BIRTH 5. SEX 6. COLOR OR RACE IF UNDER 24 HRS. AGE (In years IF UNDER 1 YEAR last birthday) WIDOWED [DIVORCED 10a. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY & State, or fore on country) 12. CITIZEN OF WHAT COUNTRY done during most of working life, even if retired) 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME 16. SOCIAL SECURITY NO. 17. INFORMANT Address (Yes, no, or thkown) | (If yes give war or dates of service 18. CAUSE OF DEATH [Enter only one cause per line for (e), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO Conditions, if any, which (5) gava rise to immediata causa DUE TO (a), stating the underlying cause last. PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART II 19. WAS AUTOPSY PERFORMED? YES NO 20b. DESCRIBE HOW INJURY OCCURED (Enter nature of injury in Part 1 or Port II of item 18.) 208. ACCIDENT WAS UNDERLYING TO OR CONTRIBUTING CAUSE OF DEATH 20d. INJURY OCCURRED. 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) (County) (State) 2Dc. TIME OF INJURY Month, Day, Yaar factory, straat, offica bldg., etc.) While Not While Hour e.m. al work at work p.m. . L. /.....19 .. D. G, and that death occurred at // M. from the causes and on the date stated above DATE 22a, SIGNATURE /SIGNED ATTENDING PHYS. DIRECTOR PHYS. death. Page O FUNERAL 22c. PHYSICIAN'S 22d. ADDRESS NAME (Type) 23a. BURIAL CREMATION 236 NAME OF OR CREMATORY 23d/LOCATION (City, town or county) REMOVAL (Specify) REC'D BY REGISTRAR 256, REGISTRAR S SIGNATURE 24 JUNERAL DUECTOR'S SIGNATUR VR A15 (4) lianter ISM 7-62



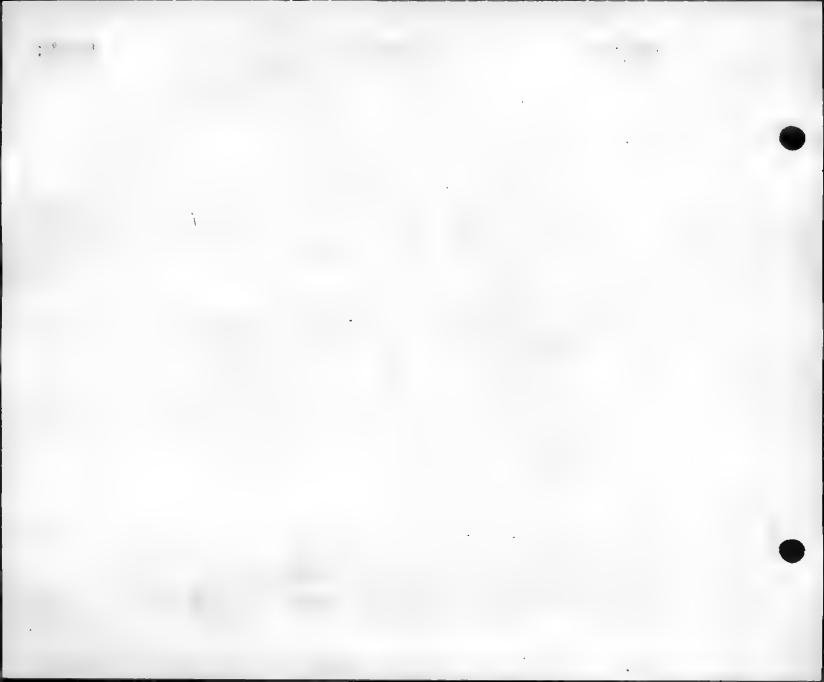
Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

4	15815	CERTIFICATE OF DEATH	15818				
	PLACE OF DEATH a COUNTY Montgome	MARYLAND O STATE Mary	de deceased lived, if institut an Residence before admission) Land Drince Georges corporate limits, write RURAL and give nearest town)				
	b CITY OR TOWN (If autside confirmation in the RURAL and give neares mown) TAKENA Park d NAME OF HOSPITA. OR INSTITUTION (If not in the second park)	10days W. Huatts	will e e B RESIDENCE ON A FARM?				
	Washington San 3 NAME OF First	Middle Last 4	DATE Manth Day Year				
			OF DEATH November 8 1966 9 AGE (in years IFLNDER 1 YEAR FUNDER 24 HRS Igst burthday) Maints Days Haurs Min				
	10a USJAL OCCUPATION (G ve kind af wark dane dung most af warking 1 is every firetited)	DIVORCED Sent27 900 10b KIND OF BUSINESS OR 17 BIRTHPLACE (GOUTHY & STO INDUSTRY Carpet 10b KIND OF BUSINESS OR 17 BIRTHPLACE (GOUTHY & STO INDUSTRY Carpet 10b KIND OF BUSINESS OR 17 BIRTHPLACE (GOUTHY & STO INDUSTRY Carpet 10b KIND OF BUSINESS OR 17 BIRTHPLACE (GOUTHY & STO INDUSTRY Carpet 10b KIND OF BUSINESS OR 17 BIRTHPLACE (GOUTHY & STO INDUSTRY Carpet 10b KIND OF BUSINESS OR 17 BIRTHPLACE (GOUTHY & STO INDUSTRY Carpet 10b KIND OF BUSINESS OR 17 BIRTHPLACE (GOUTHY & STO INDUSTRY Carpet 10b KIND OF BUSINESS OR 17 BIRTHPLACE (GOUTHY & STO INDUSTRY Carpet 10b KIND OF BUSINESS OR 17 BIRTHPLACE (GOUTHY & STO INDUSTRY Carpet 10b KIND OF BUSINESS OR 17 BIRTHPLACE (GOUTHY & STO INDUSTRY Carpet 10b KIND OF BUSINESS OR 17 BIRTHPLACE (GOUTHY & STO INDUSTRY Carpet 10b KIND OF BUSINESS OR 10b K	of a rate of a country) of an D. C., COUNTRY? U.S. A.				
	13 FATHER'S NAME John Dolan IS WAS DECEASED EVER IN U.S. ARMED FORCES?	14 MOTHER'S MAIDEN NAME Helen 16 SOCIAL SECURITY NO 17 INFORMANT	Piper Address				
(Yes, no. or unknown) (If yes give war ar dates at service) 577-09-1218A Haspital Records							
	1B. CAUSE OF DEATH (Enter only one couse pe PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO	r line far (a), (b), and (c)) Learner Far.	INTERVAL BETWEEN ONSET AND DEATH				
	Canditians, if any, which gave nise to immediate cause (a), stating the underlying cause last. (b)	For advocal pulmonery	eneflyem 3 years				
	PART II OTHER SIGNIFICANT CONDITIONS CONTR	IBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION	ON GIVEN IN PART 1(a) 19 WAS ALTOPSY PERFORMED? YES \(\text{NO} \)				
	NO 200 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	205 DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Part 1	ar Part II of item 18.)				
	20c TIME OF INJURY Manth, Day, Year Haur a.m. p.m. 19	20d INJURY OCCURRED 20e, PLACE OF INJURY (Hame, farm, factory, street, affice bldg, etc.)	20f (City or town) (County) (State)				
	21. I certify that (1) (this hospital saw the deceosed alive on _///		5, ta // A , 1966, that (I) (we) last AM, from couses and on the date stated obove.				
	220 SIGNATURE	M D ATTENDING MED DIRE	CTOR STAFF 226. DATE SIGNED				
	22c PHYSICIAN'S NAME (Type) HUGH	200 IREY 7105 RIEG.					
	23a BURIAL CREMATION, REMOVAL (Specify) Nov. 12, 1	966 Arlington National	Arlington (County) (State)				
	24. FUNERAL DIRECTOR	ADDRESS 250. REC'D BY	REGISTRAR 256. REGISTRAR'S SIGNATURE				

TO FUBLICAL DINICTOR: After this marificate has been signed by the attenzing physician and campletely filled in by the funeral director, page 3 shauld be detached for use as the burnal-transit permit. Then please remove carbon papers. Pages 1 and 2 shauld be filled with the State Dept. of Health prior to burnal, cremation, ar remaval, and event, within 72 hours after death Page 4 may be retained by the haspital ar attending physician. VR A15 (4) 20 M 1/66

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after de

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH pup 2 USUAL RESIDENCE (Where deceased lived if institution Residence before admission PLACE OF DEATH b. COUNTY a. COUNTY MARYLAND and Throng event, within 72 haurs after 24 haurs after filled in by the fundamental filled in papers. Pages c. GFY-OR TOWN (If outside corporate limits, write RURAL and give nearest tow b (ITY OR TOWN AT outside corporate wrule RURAL and give negrest term c. LENGTH OF STAY IN 16 d SPREET ADDRESS IS RESIDENCE ON A FARM? INSTITUTION (If not in haspital, give street address) NO executed within 4 DATE NAME OF Middle Year campletely DECEASED (Type or print) OF DEATH 19 FUNDER I YEAR IF UNDER 24 HRS 9. AGE (In years SEX 6 COLOR OR RACE 7 MARRIED NEVER MARRIED B. DATE OF BIRTH last birthday) Months Dovs Hours DIVORCED physician and c 12 CITIZEN OF WHAT 10b KIND OF BUSINESS OR 1) B RTHP_ACE (County & State or foreign country) 100 USUAL OCCUPAT ON (Give Kind of work done requires that the death certificate be COUNTRY? during most of working life, even firetired) INDUSTRY 14. MOTHER'S MAIDEN NAME 13 FATHER'S NAME burial, crematian, or remaval, WAS DECEASED EVER IN U.S. ARMED FORCES? 16 SOCIAL SECURITY NO. INFORMANT Address (Yes, no, or unknown) (If yes give wor or dates of service) INTERVAL BETWEEN 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) **burial-transit** ARREST PART | DEATH WAS CAUSED BY: CARDIAC IMMEDIATE CAUSE (o) signed by DUE TO INFARCTION MYOCARDIAL Conditions, if ony, which gove (b) rise to immediate couse (a), DUE TO stating the underlying couse ARTERIOSCLERETIC HEART DISEASE 4 may be retained by the hospital or attending O FUNERAL DIRECTOR: After this certificate has been director, page 3 should be detached far use as the directar, page 3 shauld be detached far use as the shauld be filed with the State Dept. of Health priar to WAS AUTOPS PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) PERFORMED YES 20b DESCRIBE HOW INJURY OCCURRED (Enter noture of injury in Part I or Part II of item 18) 200 ACC DENT WAS UNDERLYING [OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) MEDICAL 20e, PLACE OF INJURY (Home, form, (City or town) (State) 20d INJURY OCCURRED (County) 20c. TIME OF INJURY Month, Day, Year Haur o.m. foctory, street, office bldg., etc.) Not While ot work 21. I certify that (I) (this haspital) attended the deceased fram 11 19 1965, and that death accurred at 819 saw the deceased alive an 11-14 M. fram causes and an the date stated above 220 SIGNATURE 22b. DATE SIGNED STAFF PHYS. DIRECTOR M.D. PHYS 22d. ADDRESS 22c PHYSICIAN'S OLLOW NOR WISCONSIN AVO NAME (Type) 23a_BURIAL, CREMATION, REMOVACTS PECTY NAME OF CEMETERY OR CREMATORY 23b DATE THEREOF LOCATION (City or Town) (County) 2Sb. REGISTRAR'S SIGNATUR BUNERAL DIRECTOR ADDRESS 25g. REC'D BY REGISTRAR VR A15 (4) 20 M 1/66 Marley 1986



Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

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CERTIFICATE OF DEATH

15820

				C U S II			
	1 1	PLACE OF DEATH	2. USUAL RESIDENCE (Where deceased lived, if institution: Residence	e before odmission)			
		O COUNTY ZM	2. STATE b. COUNTY Mon	—			
		MARYLAND					
	- {	CITY OR TOWN (If outside corporate limits, c. LENGTH OF STAY IN 1b	c CITY OR TOWN (If outside corporate limits, write RURAL and give	negrest town)			
		write LURAL and give regress town	Abo. Alas	1			
	-		cherry cone	The foreign of			
	(MAINTE OF HOSP TAL OR INSTITUTION (If not in haspital, give street address)	d STREET ADDRESS	e IS RESIDENCE ON A FARM?			
Λ		Leshurban,	4266 Stanford St	YES NO			
v .	2						
		NAME OF First Middle	lost 4 DATE Month	Doy Year			
		(Type or pnnt) Haralia Wal	leser DEATH 11	9 1965			
	5 5	SEX 6 COLOR OR RACE 7 MARRIED NEVER MARRIED	B DATE OF BIRTH 9 AGE (In years IF UNDER) lost birthdgy) Months				
			Doys Hours Min				
			6 17-12 14 VB				
		JSUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR		ZEN OF WHAT			
	our:	na most of working life, even if retired) INDJSTRY	James Pravia	INTRY?			
	10	Lidens · Llow ·		(10)17			
	7.3	FAIREKS NAME	14. MOTHER'S MAIDEN NAME				
		(harles)	a Cleralistik Mas	re			
	15	WAS DECEASED EVER IN J.S. ARMED FORCES? 16. SOCIAL SECURITY NO 17. A	INFORMANT Address MA				
		s, no, or unknown) ((If yes give wor or dotes of service)	8 1 1 -	rasse			
		7.10	roseph (Halleren	Va.			
		18 CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).)		INTERVAL BETWEEN			
		PART I DEATH WAS CAUSED BY:		ONSET AND DEATH			
		IMMEDIATE CAUSE (o) 3ronchooneuronia					
		/ L . X DUE TO					
		Conditions, if any, which gove) (b) its to sarealine, a	. lar.ax				
		nse to immediate couse (a),					
	li	stoting the underlying couse					
		177		1			
	2	PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO	THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0)	19 WAS AUTOPSY PERFORMED?			
2	읦			YES X NO			
	CERTIFICATION	200 ACCIDENT WAS UNDERLYING 1 205 DESCRIBE HOW INJURY OCCURRED	(Enter noture of injury in Port I or Port I! of item 18.)	1 ··· (A) ··· (L)			
		OR CONTRIBUTING CAUSE OF DEATH	(cite notice of injory in roll of roll is of new 18)				
	٦	(IF EITHER, NOTIFY MEDICAL EXAMINER)					
	MEDICAL	20c. TIME OF INJURY Month, Doy, Yeor 20d INJURY OCCURRED 20e PLA	CE OF INJURY (Home, form, 20f (City or town) (Cou	nty) (Stote)			
	율	Hour o.m. While Not While foct	ory, street, office bldg., etc.)				
		p.m. 19 of work U of work U					
		21. I certify that (I) (this hospital) attended the deceased from		that (I) (we) last			
		saw the deceased alive on 11/9 19 Ga, and that	t death occurred at 2000 M, from couses and on th	e dote stated above.			
		220 SIGNATURE 2 1 11.		TE SIGNED .			
			ATTENDING MED STAFF	111/11			
		1. I claime itspirale M.		1/11/66			
		MAME (Type) J. Blaine Fitzerald	22d ADDRESS .	Root 1.			
1	Н	MAME(Type) J. Blaine Fitzgerald	82/8 Wisconsia Unemia	receised			
F	22-	BUR AL, CREMATION, 236 DATE THEREOF 23c. NAME OF CEMETERY OR	CREMATORY 23d LOCATION (City or Town)	(County) (Stole)			
		DEMOVAL (Specific)		(County) (Stole)			
1	(Cremation 11-11-66 Cedar Hill	Crematory Suitland Man	rvlard			
1		. FUNERAL DIRECTOR ADDRESS	2Sq RECD BY REGISTRAR 2Sb REGISTRAR'S SH	GNATURE			
M	F	ROBERT A. PUMPHREY, Bethesda, Mar	VI am NUV 14 1966 VClimita	0.000			

O HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death.

Page 4 may be retained by the haspital at attending physician. TO FUNERAL DIFFCTOR: After this certificate has been signed by the attending physician and campletely filled in by the funeral director, page 3 shauld be detached for use as the burial-transit permit. Here please remove carbon papers. Pages 1 and should be filed with the State Dept. of Health prior to burial, cremotion, or removed, and in any event, within 72 hours after death

VR A15 (4) 20 M 1/66



Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

15818 CERTIFICATE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) PLACE OF DEATH b. COUNTY o. COUNTY Pr. George's MARYLAND Maryland Montgomery Co. b CITY OR TOWN (If outside corporate limits, c LENGTH OF STAY IN 1b c CITY OR TOWN (If autside corparate Hmits, write RURAL and give nearest town) write RURAL and give nearest tawn) Oxon Hill, Maryland l year Germantown d NAME OF HOSPITAL OR INSTITUTION (If not in haspital, give street address) d STREET ADDRESS e IS RESIDENCE ON A FARM? 118- Iroquois Way Marylander Nursing Home N^OXCXC 3 NAME OF Midd e 4. DATE Month DECEASED DEATH (Type or print) FUNDER IF UNDER 24 HRS S. SEX 6 COLOR OR RACE (In years 7 MARRIED NEVER MARRIED KX last birthday) Months Days Hours White DIVORCED May 1st 1900 Female WIDOWED 12 CITIZEN OF WHAT 1Da. USUAL OCCUPATION (Give kind of work dane 1Db KIND OF BUSINESS OR 11 BIRTHPLACE (County & State, or foreign country) during most of working life, even if retired) COUNTRY? INDUSTRY USA None Penna. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME John Downing Christine Schirm 17 INFORMANT IS WAS DECEASED EVER IN U.S. ARMED FORCES? 16 SOCIAL SECURITY NO Address Same as (Yes, no, ar unknown) (If yes give wor or dates of service) Mrs. Edith M. Moyer (Sister Νo 1B CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c) INTERVAL BETWEEN PART 1. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO Conditions, if any, which gove rise ta immediate cause (a). DUF TO stating the underlying couse

funeral and er death

ampletely filled in by the fur ve carbon papers. Pages 1 event, within 72 haurs after

remave carbon campletely

burial, cremation, or remaval, and in any

attending physician

permit.

signed by the burial-transit p

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certificate jo

TO FUNERAL DIRECTOR: After

director, page 3 shauld should be filed with the

VR A15 (4)

20 M 1/66

State Dept. of Health prior to

detached

be executed within 24 Laurs after

demth certificate

14

O HOSPITAL OR ATTENDING PHYSICIAN: The law requires the Page 4 may be retained by the haspital ar attending physician.

PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL D SEASE CONDITION GIVEN IN PART 1(a)

20g ACCIDENT WAS UNDERLYING [205. DESCRIBE HOW MUURY OCCURRED (Enter nature of injury in Part I ar Part II of item 18.) OR CONTRIBUTING CAUSE OF DEATH

(IF EITHER, NOTIFY MEDICAL EXAMINER) 20c TIME OF INJURY Month, Day, Year Haur o.m

20d INJURY OCCURRED Not While at work

20e PLACE OF INJURY (Hame, form, foctory, street, affice bidg, etc.)

(City or tawn)

(County) (State)

WAS ALTOPSY PENFORMED?

NO

21. I certify that (1) (this haspital) attended the deceased fram_

at wark

10002 saw the deceased alive an 1000, and that death accurred at 200 M, fram causes and on the date stated above. 20% DATE SIGNED

22 g. SIGNATURE 22c. PHYSICIAN'S

NAME (Type)

PHYS 22d. ADDRESS Dawsonville, Maryland.

STAFF PHYS	11	2/60

230 BURIAL CREMATION. REMOVAL (Specify) Buria

23b. DATE THEREOF Nov.

John G.

23c. NAME OF CEMETERY OR CREMATORY Fairview Cemeterv 23d LOCATION (City or Town)

(County) (State)

24 FUNERA, DIRECTOR

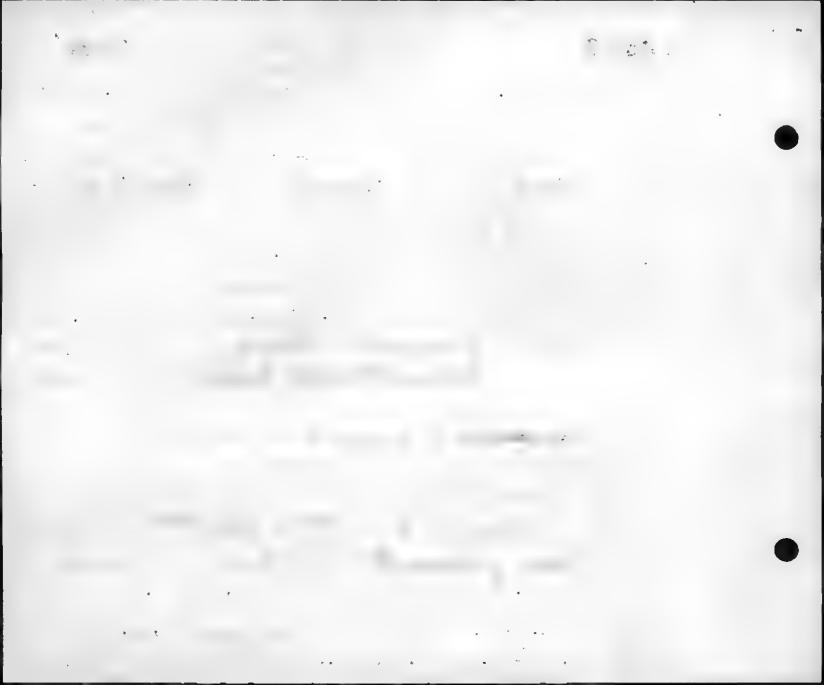
Simmons Bros. 1661- Gd. Hope Rd. SE. Wash. DC

Fawcett

2So REC'D BY REGISTRAR 1966

Altoona . Pa-

25b. REGISTRAR'S SIGNATURE



VR A15 (4) 15M 9/59

AND POST OF REAL PROPERTY.

15819

Pumphaeu.

MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS - BALTIMORE 1, MARYLAND

CERTIFICATE OF DEATH

15299

-						
Montgomery Montgomery Maryland O. STATE Pennsylvania D. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Silver Spring California Corporation Corporation Corporation Corporation Corporation Corporation Controller Corporation Corporation Controller Corporation Controller Corporation Corporatio		2. USUAL RESIDENCE (Where deceased lived if institution. Res dence before admission) b. COUNTY Washington)			
	b CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Silver Spring C. LENGTH OF STAY IN It	c. CITY OR TOWN (If outside corporate limits write RURAL and give nearest town) California				
	OR INICTIVITY ON	ON 4 546	RM7			
3.	DECEASED PT - 11 4	OF	66			
5.		ost pirthdoy) Months Days Hours	Min.			
2	during most of working life, even if retired) ivision Controller J. & L. Corp.	Mines Pennsylvania U.S.A.	NTRY			
-						
15	WAS DECEASED EVER IN U. S. ARMED FORCES? 16 SOCIAL SECURITY NO 17 (15, No. or unknown) [1] (15 yes, give war or dolles of service)	INFORMANT 525 Third Address				
		RUPTURE NTERVAL BETWONSET AND DE	ATH			
	Conditions, if ony, which gove rise to immediate OUE	ROTIC HEART DISEASE WAKNOW,				
CATION	Part II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH I	BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19 WAS AUT PERFORMI YES N	TOPSY ED? 10 [
CERTIFI	20g ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	RED (Enter nature of injury in Part I or Part I, of Item 18.)				
MEDICA		PLACE OF INJURY (Home, farm, 20f (City or town) (County) factory, street, office bldg., etc.)	(State			
		n. 11/L . 1966, to 11/2 , 1966, that (1) (we tideath accurred at <u>4A.M., from the causes and on the date stated at</u>				
	220 SIGNATURE Cut and & Polle	M.D PHYS DIRECTOR PHYS 11/2/6/	IGNE			
	1220 PHYSICIANS NAME (Type) RICHARD H POLLEN	10400 CONN. Are KENSINGTON M	nd			
	Burial Specify Nov., 1966 Lagayette M	emorial Park Brier Hill, Payette City, 1	pa.			
24	lark E. Wisor Clarketic kins 434 Georg	gia Ave. 250 RECID BY REGISTRAR 250 REGISTRAR'S S GNATURE JUNG	بار.			

5 °

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 Item 2 Film GCERTIFICATE OF 15820npletely filled in by the funeral e carban papers. Pages 1 and 2. within 24 hours ofter death PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived, funstitution Residence before admission) a COUNTY g. STATE b. COUNTY MARYLAND b. CITY OR TOWN (if autside corporate limits, C LENGTH OF STAY IN 16 c. CITY OR JOWN (I putside composite limits, white RLRAL and give negrest town) papers Pagithin 72 hours of write RURAs and give negrest tawn) 5 RESIDENCE ON A FARM? d NAME OF HOSPITAL OR INSTITUTION (14-flat in haspital, give street address) d STREET ADDRESS YES NO T NAME-OF DATE Ferst Middle DECEASED 19 66 event, (Type or pont) DEATH campl IF JNDER 1 YEAR SEX AGE (n years F UNDER 24 HRS. and comp DATE OF BRITA 6 COLOR OR RACE. 7 MARRIED NEVER MARRIED last birthday) Months Haurs 9-10-85 and in any WIDOWED D VORCED 10a USUA, OCC. PATION (Give kind of work done 10b K ND OF BUSINESS OR 11 BIRTHPLACE (County & State, or fareign country) 12 CITIZEN OF WHAT requires that the death certificate be during mast at work no life, even if retired)
Y W C A. Staf COUNTRY 2 T attending physician a 9 Jacobsville, .d. 14 MOTHER'S MAIDEN NAME 13 FATHER S NAME removal, Laura B. Jacobs Melbille IS WAS DECEASED EVER IN U.S. ARMED FORCES? 16 SOCIAL SECUR TY NO 17 INFORMANT Address vaithersbu permit. (Yes, na, ar unknown) { If yes give war ar dates of service ö Asbury Methodist Home Records. Md. crematian, INTERVAL BETWEEN signed by the c burial-transit p burial, crematia 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c)) ONSET AND DEATH PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (0) CONGESTIVE be retained by the haspital or attending physician. DUE TO DISEME GRIERIDICI EROTIC HEART Canddians, if any, which gave rise to immediate cause (a). DUE TO stating the underlying cause prior to has been the last 90 PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) WAS AUTOPSY PERFORMED? Health p USe NO O FUNERAL DIRECTOR: After this certificate Por 20g, ACCIDENT WAS UNDERLYING [205. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part 1 or Part 11 of item 18) OR CONTRIBUTING CAUSE OF DEATH Dept. of detached (IF EITHER, NOTIFY MEDICAL EXAMINER) 20e, PLACE OF INJURY (Hame, farm, (City or fawn) (County) (State) 20c TIME OF INJURY Manth, Day, Year 204 INJURY OCCURRED factory, street, affice bldg , etc.) Nat While State ! at wark at wark be 21. I certify that (1) (this haspital) attended the deceased from. 1966, that (1) (we) last 19.6.6. to. with the 1966, and that death occurred of 4 PM, from causes and on the date stated above. saw the deceased alive on 220 SIGNATURE 22b. DATE SIGNED MED DIRECTOR STAFF director, page 3 should be filed v PHYS 22c PHYSICIAN'S 22d. ADDRESS Poge 4 may NAME (Type) LOYDO CONMOCTICUT AVE KENSINGTON SOLL MD NAME OF CEMETERY, OR CREMATORY 230 BURIA_ CREMATION 23b. DATE THEREO! 23d LOCATION (City or Town) (County) (State) REMOVAE Specify 25g, REC'D 8Y REGISTRAR 25b. REGISTRAR'S SIGNATURE VR A15 (4)

20 M 1/66 -

MARYLAND STATE DEPARTMENT OF HEALTH



TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after perth. TO NOSPITAL OF FITEERING HYSICEN: The law remains that III heapy certificate be executed within 24 hours after death.

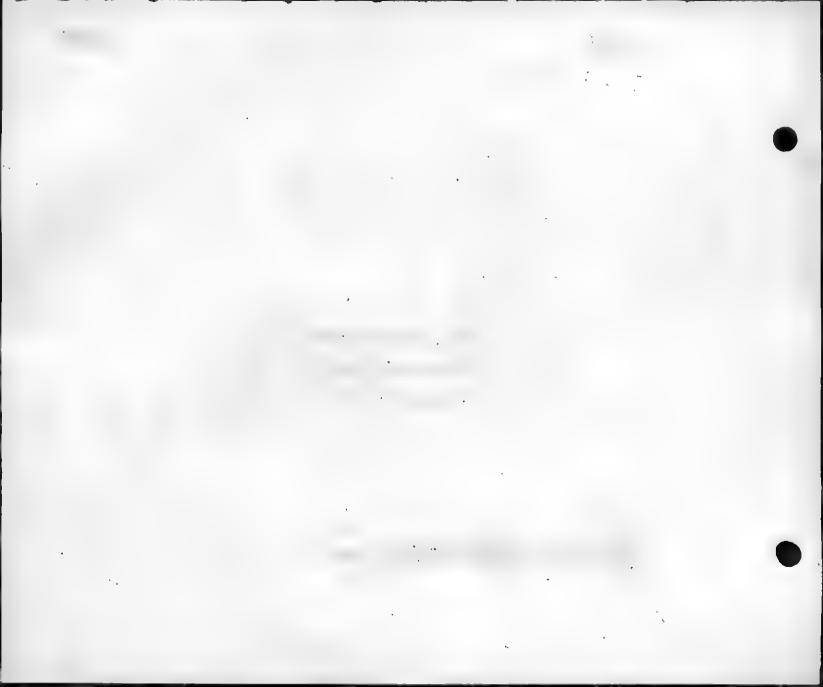
Page 4 may be retained by the hospital or attending physician.

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE SERTIFICATE OF DEATH

15824

1. PLACE OF DEATH Montgomery	2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission)
	a. STATE b. COUNTY PRINCIPLE COUNTY
b. CITY OR TOWN (if outside corporate limits, c LENGTH OF STAY IN 1b	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)
write RURAL and give nearest town)	D 15- 120
d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address)	d. STREET ADDRESS 6. IS RESTOFNCE
di kame di nosi tike da mani di toti (il not ili nospitali, givo sti est address)	ON A FARM?
Joly CROS HUSPITAL	V560 FEREST GIEN Rd. YES NOX
3. NAME OF FIRST KAREN MIDDLE	Last DUNN 4. DATE Month Day Year
(Type or print) KGA9N ME helle	DEATH 1/ 15 19 66
	8. DATE OF BIRTH 9. AGE (In years IFUNDER 1 YEAR IF UNDER 24 HRS.
MIDOWEO DIVORCED	last birthday) Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR	II. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT
during most of working life, even if retired) INDUSTRY	COUNTRYT
13, FATHER'S NAME	1)1088) PRING 1110. (415. H
13. PATHER'S NAME	14. MOTHER'S MAIOEN NAME
LAMES LEE DUNN	KAREN GILBERT
15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. (Yes, no, or unknown) [(If yes give war or dates of service)]	THIS L. DONN 4/09 ADDRESTZEROTT RO,
NO NO NO	COLLEGE PK. MD
18. CAUSE OF DEATH [Enter only one cause per lipe for (a), (b), and (c).]	INTERVAL BETWEEN
PART I. DEATH WAS CAUSED BY:	ONSET AND OEATH
IMMEDIATE CAUSE (a)	
DUE TO THE	· lie-han
Conditions, If any, which gave rise to immediate (b)	a contract of
cause (a), stating the OUE TO	1000 A/1. 1.
underlying cause last. (c)	your of many
PART II. OTHER SIGNIFICANT CONOITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO SEATH BUT NOT REL	ATED TO THE TERMINAL DISPASE CONDITION GIVEN IN PARTY (a) 119. WAS AUTOPSY PERFORMEO?
L CA	YES NO
20a. ACCIOENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCU	JRRED. (Enter nature of injury in Part t or Part II of Item 18.)
OR CONTRIBUTING CAUSE OF OF ATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	
20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLA	CE OF INJURY (Home, farm, 20f. (City or town) (County) (State)
	ory, street, office bldg., etc.)
21. I certify that (I) (this hospital) attended the deceased from C	et 18, 19/66, to nov-15, 19/66, that (1) (we) last
	t death occurred at 10 T M, from the causes and on the date stated above.
22a. SIGNATURE	22b. DATE SICNED
Harador Marcala Mar	PHYS. DIRECTOR PHYS. D 1//// 6
22c. PHYSICIAN'S SALVATORE BATTIATA MD	22d. ADDRESS 1000 LEBANON ST.
4	SILVER SPRING, MD.
23a. BURIAL, CREMAT ON, 23b. DATE THEREOF / 1 23c. NAME OF CEMETERY	Y OR CREMATORY 23d. LOCATION (City, town or county) (State)
BREMOVAL (Specify) 17 NOV 1466 FERT LINCOL	LA CEM BLADENSBURG, MARYLAND
24. FUNERAL DIRECTOR , P. 9 AODRESS , A/1	250 RECID BY RECISTRAR 2500 RECISTRAR'S CICNATURE
Mill Charmera Con Municipale Illa	wyland NOV 2 1 1300 June June

(4) VR #15



Division of STATISTICAL RESEAR	CH AND RECORDS, 30	I W. PRESTON STRE	ET, BALTIMORE, MARYL	AND 21201
15822	CERTIFICATI	OF DEATH		15825
PLACE OF DEATH				on Residence before admission)
Montgomery	MARYLAND	Dist. of	Col. b. COUR	J
b CTY OR TOWN (If autside carparate limits.	c. LENGTH OF STAY IN 16		tside corporate limits, write RUI	RAL and give nearest town)
wire RURAL ond give neorest town) Silver Spring		Washingt	on	
d. NAME OF HOSPITAL OR INSTITUTION (If not in haspita, give		d STREET ADDRESS		e IS RESIDENCE ON A FARM?
Sylvan Manor Health Car	e Center	44	fornia St.	
(Type of pills)	GWICK DU	RAND,	of DEATH NOV.	Doy Year 9 19 66
S SEX 6. COLOR OR RACE 7 MARRIED	NEVER MARRIED	B DATE OF BIRTH	9 AGE (In years lost birthday)	Months Days Hours Min
Male White W DOWED	DIVORCED	9-3-1879	O: 402	
	OF BUSINESS OR STRY		& State or foreign country)	12 CITIZEN OF WHAT _COUNTRY?
dur no most of working life, even if refred) Retired Statistician—U 13. FATHER'S NAME	.S. Govt.	New Jers		U.S.A.
Henry Law Durand IS WAS DECEASED EVER IN U.S. ARMED FORCES? 16 SOC	CIAL SECURITY NO 17.	Isabel	D EL L III Addre	occ .
(Yes, no, ar unknown) (If yes give war or dates of service)			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
18 CAUSE OF DEATH (Enter any one cause per line tapto		ta <u>utlove</u>	d McCormick	INTERVAL BETWEEN:
PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (g)	and as the	Partilla.	musica - K	OMSET AND DEATH
DUE TO	41 11	-		10/009
Conditions, if ony, which gove) (b)	relection	060 21		
nse to immediate couse (a). stating the underlying cause last. DUE TO	en at	Elfer	elon	3. m.C.
PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO	DEATH BUT NOT RELATED TO	THE TERMINAL DISEASE CON	D TION GIVEN IN PART 1(0)	19 WAS AUTOPSY PERFORMED?
200 ACCIDENT WAS LINDERLYING TO 205 DESCE				YES NO
OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	RIBE HOW INJURY OCCURRED	(Enter nature of injury in F	Part I ar Port II of Item 18.)	
		CE OF INJURY (Home, farm	, 20f. (City or town)	(County) (State)
Hour a m 19 While p.m. 19 at wark [tory, street, office bidg , etc.)	11 11	
21. I certify that (I) (this haspital) attende	d the deceased fram	Vor 3,1	9 Eler to Non.	, 19,655 that (I) (we) la
saw the deceased alive an Aug T	19 <i>LL</i> , and the	t death accurred at	A M, fram causes	and an the date stated abov
220 S GNAYURI	0-1-5/5	ATTENDING PHYS	MED STAFF DIRECTOR PHYS	22b. DATE SIGNED
22c PHYSICIAN'S	- Comment	PHYS PHYS	DIRECTOR L. PHYS. L.	111110
NAME (Type) KOBERT TITHIO	BADITAU		DYECKGETO	
PEMOVAL (Speciful)	23c. NAME OF CEMETERY OR		23d LOCATION (City or To	
Buriai 11-14-1966 24 FUNERAL DIRECTOR	Cedar H111	Cemetery	Suitland BY REGISTRAR 256, RE	M d GISTRAR'S SIGNATURE
Joseph Sawler's Sons, I	ne 5 130 Was	Sh. Due Date	0V 18 1966	Mearle Code

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after and TO FUNERAL DIRECTOR: After this certificate has been signed by the artergang physician and campletely filled in by the funeral director, page 3 should be defached for use as the burial-transit pertait. Then please remaye carbon papers. Pages 1- and shauld be filed with the State Dept. of Health prior to burial, cremation, or Pemayal, and in any event, within 72 hours after death Page 4 may be retained by the haspital or attending physician.

VR A15 (4) . 20 M 1/66



Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

CERTIFICATE OF DEATH

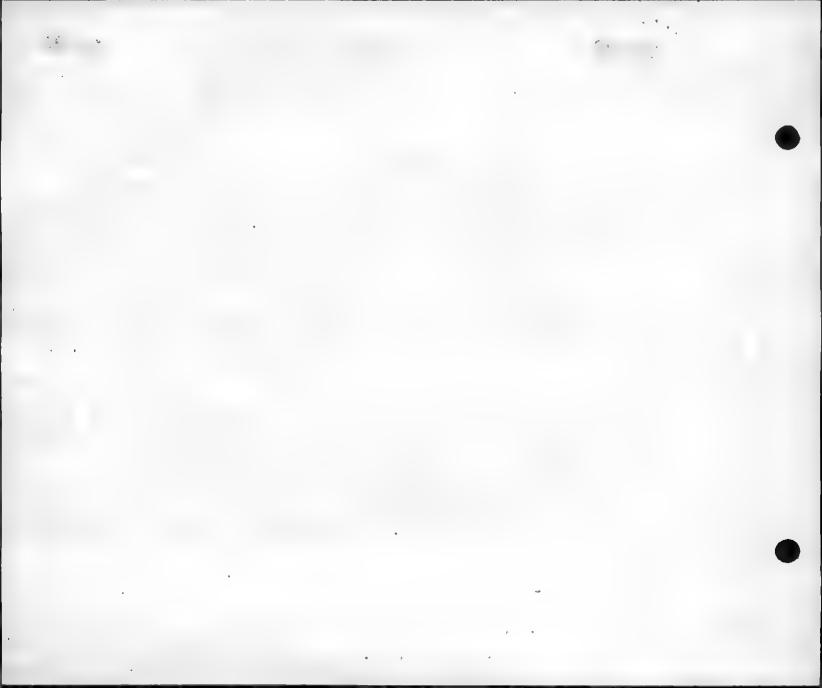
15826

PLACE OF DEATH O. COUNTY	2 USUAL RESIDENCE (Where deceased lived, if institut on Residence before odphission) o. STATE b. COUNTY
MARYLAND	Md. Thent.Cc.
b CITY OR TOWN (factside comparate limits, / LENGTH, OF STAY IN 16	c CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)
write RNRA end give notifiest town)	Chartel Chiase
d NAME OF HOSPITAL OR INSTITUTION (if nat, in haspital, give street address)	d STREET ADDRESS // e IS RESIDENCE
Tu burhau.	8219-KRALLY TK, VES NO DN A FARM?
3 NAME OF First Middle	Last 4. DATE Manth / Day Year
(Type or print) (Market)	DEATH DOVEMBER 1966
Tale /	B DATE OF BIRTH 9 AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS Just burthday) Manths Days Haurs Min
76M34 LO WHETE MOONED DIONELLO	11/16/77 G. 6. YIS.
100 USUAL OCCUPATION (Give kind at work done UNDUSTRY INDUSTRY INDUSTRY INDUSTRY INDUSTRY INDUSTRY INDUSTRY	11 BIRTHPLACE (County & State, or foreign (country) 12 CIT ZEN OF WHAT COUNTRY?
1 cup Consultant 7/1/2 716	7/1 and / track (2.2.14
13 FATHER, S NAME	14 MOTHER'S MA DEN NAME
Citartes tital	21/2 3et +- 12 for
15. WAS DECEASED EVER N U.S. ARMED FORCES? 16 SOCIAL SECURITY NO 17 (Yes, na, ar unknown) (If yes give war ar dates of service) 213-36-1277	NFORMANT Address
4/281 16, 60, 7-1+100-30-1211)	= 112, 2 bothe F3 Kir / 5 and.
PART L DEATH WAS CAUSED BY- HMMEDIATE CAUSE (o)	Oskial musecachial infranticy onset and Death
DUE TO (+ 0 4 1
Conditions if any, which gove) (b) Letterwitter	ohe wear tubecase Jylans.
rise to immediate couse (a), Stating the underlying couse	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO	THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) 19 WAS AUTOPSY PERFORMED?
200 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH OF CONTRIBUTING CAUSE OF DEATH OF CHITTER IN OTHER MEDICAL EXAMINED OF CHITTER IN OTHER MEDICAL EXAMINED	YES NO 🔀
200 ACCIDENT WAS UNDERLYING 205 DESCRIBE HOW INJURY OCCURRED.	(Enter nature of injury in Port 1 or Port II of item 18)
	CE OF INJURY (Hame, farm, 20f. (City or town) (County) (State)
Hour o.m. 19 While Not While at work 19 at work	ory, street, office bldg., etc.)
21. I certify that (I) (this hospital) attended the deceased fram	1962 , 19 , to MCG 3 , 1966 that (I) (we) last
saw the deceased alive an 1966, and tha	t death accurred at 1991. M, from causes and an the date stated above.
220 SIGNATURE	ATTENDING MED. STAFF 1 226 DATE SIGNED 1966.
22c PHYSICIANS O TO T	D. PHYS DIRECTOR LI PHYS LI WOOD .
NAME (Type) POBERT N. COALE	4429 Bradley Save Bloog Bloom Ind
230 BURIAL, CREMATION, 236. DATE THEREOF 230 NAME OF CEMETERY OR	CREMATORY 23d LOCATION (City or Town) (CoUnty) (State)
Burial Nov. 8,1966 Arlington	
24 FUNERAL DIRECTOR ADDRESS	250. REC'D BY REGISTRAR 256 REGISTRAR'S SIGNATURE
Olin L. Molesworth, Damascus, Md.	DATE NOV 9 1966 Courses Judge

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please regress, carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, crematian, or removal, and in the state within 72 hours after death. VIII A15 (4) 20 M 1/66

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours ofter death

Page 4 may be retained by the haspital or attending physician.



Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

15824 CERTIFICATE OF DEATH the funeral Pages 1 and 2, ars after death <\i\bar{a} requires that the death certificate be executed within 24 hours after death. 2 USUAL RESIDENCE (Where deceased lived if institution Residence before admission) PLACE OF DEATH o. COUNTY b. COUNTY ician and completely filled in by the fur lease remove carbon popers. Poges 1 and in any event, within 72 haurs after MARYLAND CTY OR TOWN All outside corporate light CITY_OR JOWN (If outside corporate limits, write RURAL and give negrest town) C LENGTH OF STAY IN 16 days OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS 3. NAME OF Fist Midd.e Lost 4. DATE DECEASED. OF DEATH (Type or print) S SEX 6 COLOR OR RAC NEVER MARRIED B. DATE OF BIRTH AGE (n years lost birthday) X WIDOWED 10b, KIND OF BUSINESS OR 10a USUAL OCCUPATION (Give kind of work done 11 BIRTHPEACE (County & State, or foreign country) during most of working life, every if retired) INDUSTRY physician i HILUSE WIL Gh 13. FATHER S NAME MOTHER'S MAIDEN NAME signed by the ottending physi burial-transit permit integral burial, cremation, or emedal, IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO INFORMANT (Yes, no ar unknown) (If yes give war or dates of service) CAUSE OF DEATH (Enter only one cause per line for (o), PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) DUE TO Conditions, if any, which gave (b) rise to immediate couse (a), DUE TO stating the underlying cause Page 4 may be retained by the hospital or ottending TO FUNERAL DIRECTOR: After this certificate has been director, page 3 should be detached for use as the should be filed with the State Dept. af Health prior to PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(g) grene 20g. ACCIDENT WAS UNDERLYING [20b DESCRIBE HOW INJURY OCCURRED. (Enter nature of unitry in Port 1 or Part 11 of item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER 20d INIURY OCCURRED 20e. PLACE OF INJURY (Hame, farm, (City or fown) 20c. TIME OF INJURY Month, Day, Year factory, street, office bldg., etc.) Haur o.m. While Not While at work at wark , 196 6, to NOU. 2). I certify that (1) (this hespital) attended the deceased from NOV, 11 Nov. 25 1966, and that death accurred at 125 M, from causes and an the date stated above saw the deceased alive an 22o. SIGNATUR ATTENDING MED. DIRECTOR M.D. PHYS. 22d._ADDRESS 22c PHYSICIAN'S NAME (Type) .ANGLE 230 BURIAL CREMATION DATE THEREOF 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) REMOVAL (Specify) 1-25-1966 Cedar Crematory Suitland Cremation

ADDRESS

Inch

25g. REC D BY

SC

REGISTRAR

VR A15 (4) 20 M 1/66

25b REGISTRAR'S SIGNATURE 1966

(County)

e IS RESIDENCE ON A FARM? YES

Year

IF UNDER 24 HRS

Haurs

INTERVAL BETWEEN ONIST AND DEATH

WAS AUTOPSY PERFORMED?

NO

(State)

(Stote)

YES

23 , 1966, that (1) (we) last

(County)

22b DATE SIGNED

1966

Dov

23

Days

12. CITIZEN OF WHAT

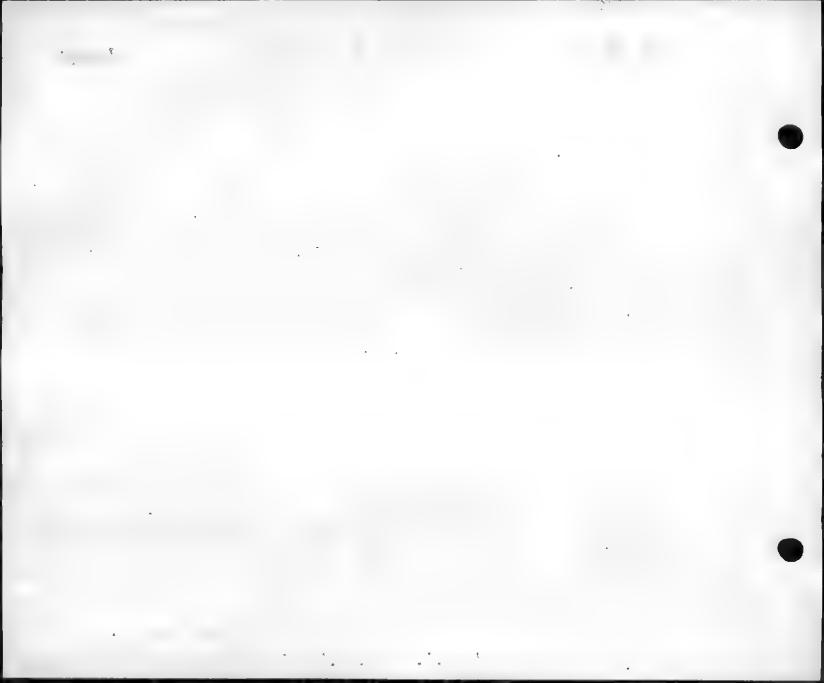
COUNTRY?

IF JNDER I Y AR

Months

Manth

NO DE



dunth. TO FUNEKAL DIRECTOR: After this certificate has been signed by the attending hysiciam and gampletely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any exempt. Within 72 hours after death aftır D MOSFITAL OF EXTENSING PEYS MIAM. The law requires that the death certificate be executed within 24 hours Page 4 may be retained by the hospital or attending physician.

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

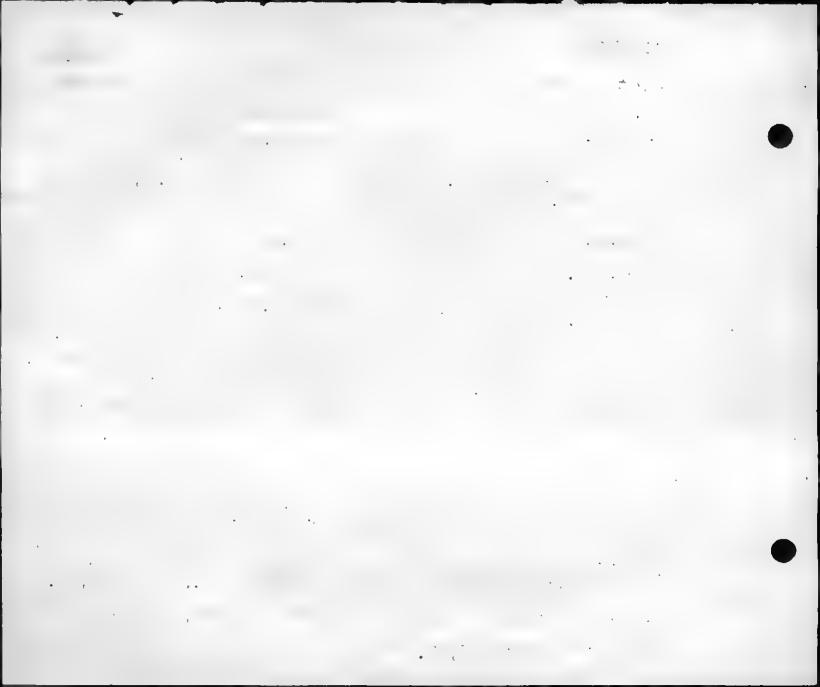
	15825	CERTIFICATE	OF DEATH	9/66 mh	5828		
1.	PLACE OF DEATH a. COUNTY Montgomery	MARYLAND		E (Where deceased lived, If institution: Re			
	b. CITY OR TOWN (if outside corporate limits write RURAL and give nearest town) Gaithersburg	c. LENGTH DF STAY IN 1b	Gaithersbur	Rankin	and give nearest town)		
1	d. NAME OF HOSPITAL DR INSTITUTION (IF no	t in bospital, give street address)	d. STREET ADDRESS	1 Avenue Main St.	O. IS RESIDENCE DN A FARM? YES ND X		
	NAME OF First DECEASED (Type or print) LOUELLA	D. EELLS	Last	4. DATE Month DF DEATH NOV. 5,1966	Day Year 19		
	Innale Libite	RIED NEVER MARRIED 8	7/22/72	9. AGE (in years If UNDER Jast birthday) Months yrs.	Days Hours Min.		
10:	Da. USUAL OCCUPATION (Give kind of work done Industry Ind						
13	13. FATHER'S NAME Martin P. Droll Bertha Holfield						
15 (Y	15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY ND. 17. INFORMANT Address Yes, no, or unknown) (If yes give war or dates of service) 216-38-5853 Mrs Bertha E. Irvin Item # 2						
CERTIFICATION	PART I. DEATH Enter only one cause PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TD Conditions, If any, which gave rise to immediate cause (a), stating the underlying cause last. PART II. DTHER SIGNIFICANT CONDITIONS CON	Acute Core Myo Card did Tributing TO DEATH BUT NOT RELAT	TED TO THE TERMINAL D	Heart Disease CONDITION GIVEN IN PART 1(8)	INTERVAL BETWEEN ONSET AND DEATH ACCOMP 19. WAS AUTOPSY PERFORMED? YES ND		
	2Da. ACCIDENT WAS UNDERLYING [] OR CONTRIBUTING [] CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	0b. DESCRIBE HDW INJURY DCCUI	RRED. (Enter nature of	Injury in Part I or Part II of Item 18.) 		
MEDICAL	Hour a.m.		E OF INJURY (Home, far y, street, office bldg., et	(c.)			
	21. I certify that (I) (this hospital) at saw the deceased alive on 10 certify signature 226. PHYSICIAN'S NAME (Type) Jack Schume	1-2-1966, and that	ATTENDING PHYS.	22b. D/	ne date stated above. ATE SIGNED 5-66		
23. Bu	a. BURIAL, CREMATION, 23b. DATE THEREDI 11/6/66	Rankin Union		23d. LDCATIDN (City, town or cou Rankin, Illinois	inty) (State)		
27 Ty	FUNERAL DIRECTOR Son Wheeler Funeral, Hou	ne-1331 Rockville	Diko	'D BY REGISTRAR 25b. REGISTRAR'			

DATE

Fune ral Home = 1331 All Rockville, Md.

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TO MOSPITAL



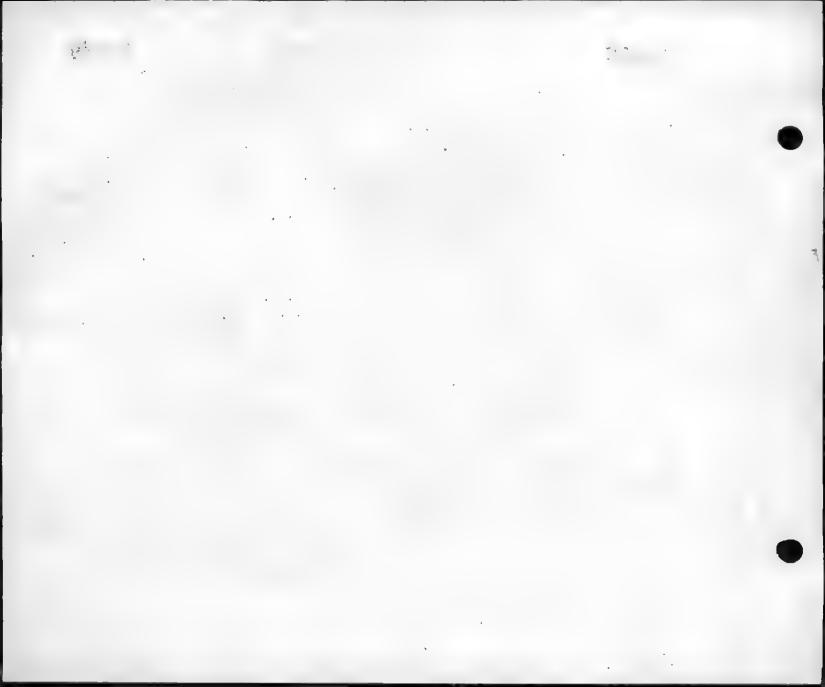
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VR A15 (4) 20 M 1/66

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MARYLAND STATE DEPARTMENT OF HEALTH

	Divis	ion of STATISTICA	L RESEARCH AND RECORDS, 30	W. PRESTON STREE	T, BALTIMORE, MARYLA	ND 21201
	15826		CERTIFICAT	OF DEATH		15829
	PLACE OF DEATH O COUNTY	louter	MARYLAND	2. USUAL RESIDENCE (V o. STATE	bere deceased lived, if institution b. COUNT	
1	b CITY OR TOWN (If auts	XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX		Milies	side corparate I mits, write RURA	The contract
	10 ash	There is the of		d STREET ADDRESS	arharor!	P S RESIDENCE ON A FARM? YES NO
3	NAME OF DECEASED (Type or print)	-larence			4. DATE Month OF DEATH	Doy Year 19 (36)
5	flow U	ihiti w	MARRIED NEVER MARRIED DIVORCED DIVORCED	B DATE OF BIRTH	g /esy historday) yrs	Manths Days Hours Min
ďυ	a USUAL OCCUPATION (Give ring most of working te, ev Nousewife	kind of work done en if retired)	10b KIND OF BUSINESS OR MOUSTRY OWN HOUSE	Mark	state, or fareign country)	12 CITIZEN OF WHAT COUNTRY?
13	FATHER'S NAME	Heart.	Kayre	14 MOTHER'S MAIDEN N	to Ah	ercock
15 (Y	WAS DECEASED EVER N. U. es, na. prunknawn) (If yes			The Louis	Address	& love 5 Jung had
	PART I. DEATH WA		er line top (a), (b), and (c).)	reachter	100 comp	NTERVA BETWIEN ONSET AND DEATH
	Conditions, if any, which	sa (a)	Empley ses	un Aum	2 · j	4/040
	stating the underlying last.	couse DUE 10	Milley Fle	y or satistic	1) by perhis	1 6-40
CATION	PART II OTHER SIGNIFIC	ANT CONDITIONS CONTR	IBUTING TO DEATH BUT NOT RELATED TO			19 WAS ALTOPSY PERFORMED? YES NO
A CERTIFICATION	200 ACCIDENT WAS UNDE OR CONTRIBUTING □ CA (IF EITHER, NOTIFY MEDIC	USE OF DEATH AL EXAMINER)	20b DESCRIBE HOW INJURY OCCURRED			
MEDICAL	20c. TIME OF INJURY N Haur o.m. p.m.	19	While at wark at wark	ACE OF INJURY (Mame, farm, tory, street, office bldg., etc.)	20f (City or town)	(County) (State)
	saw the deceas		i) attended the deceased fram_ 10/3// 1966, and th	at death accurred at	M, from causes a	nd an the date stated abov
	22c PHYSICIAN S	varelT	Moras "		MED. STAFF DIRECTOR PHYS.	22b. DATE SIGNED
- 00	NAME (Type) /7	oward T	MOVS -	7030 6.400		a Park hody
K	O BURIAL, CREMATION, REMOVAL (Specify) A. FUNERAL DIRECTOR	Nov. 7,	1966 Washington M	lational Cem.		
15	. Ylen (arti	er colle	Silver Sp	gua rive.	1966 KK	Heliarles Juage



TO NOTITIAL OF ATTENDING PHYSICIAN The law requires that the duath certificate be executed within 24 hours affer leath. Page 4 may be ratained by the hospital or attending physician.

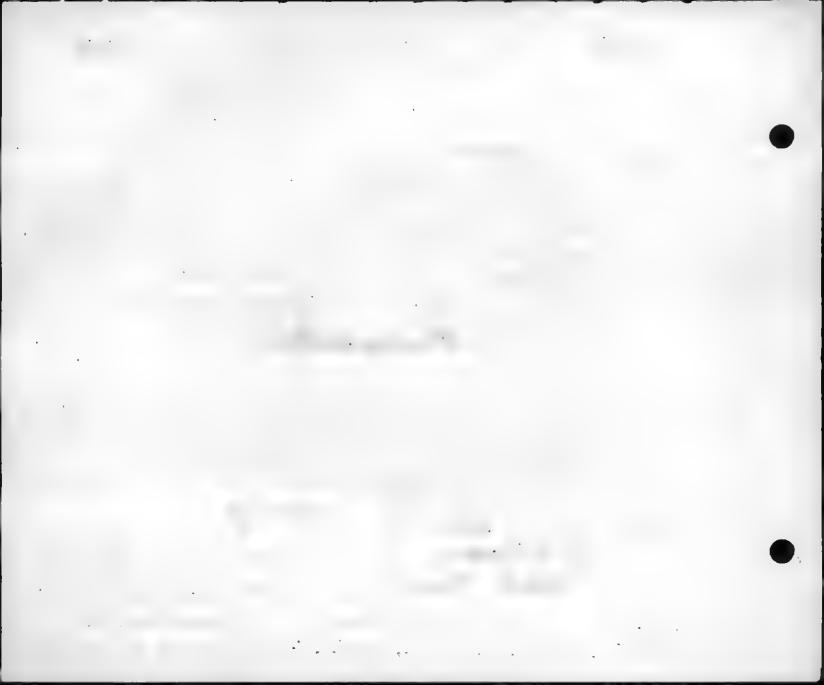
MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

	1582	7		CERTIFI	CATI	E OF DEATH		158	30	
1.	PLACE OF DEAT	Н					E (Where deceased lived,		sidence before	admission)
	a. COUNTY		, 1/	MARNI		a. STATE	b.	COUNTY	,	
_	b. CITY OR TOW	/N (If outside corpor	ate limits.	MARYI C. LENGTH OF STAY		c. CITY OR TOWN (If	outside corporate ilmi	ts. write RURAL	and give nea	rest town)
	write RURAL	and give nearest to	Wn)	. 1268 B	1				= /	
	d NAME OF NO	CONTAI OF INSTITUTE	On the act in h	lospital, give street ac	1 7 7	d. STREET ADDRESS	Drille G	/\	1 / 12 5	ESIDENCE
	G. PARIE OF DO	SFITAL OR INSTITUTI	I III JUII III) MOI	iospitai, givo street at	odress)	G. STREET ADDRESS			ON	A FARM?
_		Ho Ho	spital			11.1 21 ne	2.19 110 2 1		YES	NOX
3.	NAME OF DECEASED	F	irst	Middle		Last	4. DATE OF	Month	Day	Year
	(Type or print)	Po	46	PATHO	NV)	AHIY	DEATH		٨ 1	9
5.	SEX	6. COLOR OR RACE	7. MARRIED		Acres 1 0	. DATE OF BIRTH	9. AGE (In)	ears IFUNDER 1		
	1 2 2		WIDOWED	DIVORCE	m	1/2 /	1. A 7.3		Days Hou	rs Min.
10	a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or fereign country) 12. CITIZEN OF WHAT									
dui	ing most of work	ilng life, even If retir	ed)	NDUSTRY					UNTRY?	d. 2.3
13	FATHER'S NAM	AF.				14. MOTHER'S MAID		1184 11.00) 1.	3/7,
	***					AT. INCIDENCE MAILE	EN HANGE			
4.5	11 161	7. 70	rey			(4 4 4 4	· Dowling		_	
(A)	s, no, or unkown)	EVER IN U.S. ARMED F (If yes give war or dates	of service)	. SOCIAL SECURITY NO		INFORMANT	10	ddress		
	16 :	NONE		_ *	1 Je	remiah Jahe	4 (Same as	#2)		
	18. CAUSE OF	DEATH { Enter only o	ne cause per	line for (a), (b), and (c)-1	. 1			INTERVAL ONSET AN	
	PART I. D	EATH WAS CAUSED B IMMEDIATE CAUSI		Onen	and a	n. Si			ONSE! AN	D DENTI
			* * * * * * * * * * * * * * * * * * * *		1	ALL LOUIS				
	Conditions, If		E TO							
	gave rise to	Immediate	(b)							
	cause (a), s underlying caus	roung use	E TO							
Z			(c)	UTING TO DEATH BUT N	OTDELA	TED TO THE TERMINAL D	ISEASE CONDITION CIV	FN IN PART 1 (a)	119. WAS	AUTOPSY
CERTIFICATION	PART II. OTHER	JIGHTE TOART CONDIT	IONS CONTRAID	THE TOP CHIEF	IOI KELA	ICD TO THE TERMINANED	ISPSE ORIDITION OF	ELS HALVINI T(n)	PERF	ORMED?
FIC	4-1-1-1-1-1		1						YES Z	NO [
RTI	OR CONTRIBUT	WAS UNDERLYING TING CAUSE OF DE	ATH	DESCRIBE HOW INJUR	RY OCCU	RRED. (Enter nature of	injury in Part I or Par	t II of stem 18.	,	
	(IF EITHER, NO	TIFY MEDICAL EXAM	INER)							
MEDICAL		INJURY Month, Day	Year 20d.		De. PLAC	E OF INJURY (Home, fary, street, office bldg., et	rm, 20f. (City or to	wn) (Соы	nty)	(State)
ED	Hour a.	m. m. 19	While at wor		120001	J, su cet, onice blug., co	(0.)			
2			,	led the deceased fr	·OFF	10/29 11	66 to		that (I)	fuel faut
		ceased alive on	spiral attent				M, from the ca			
	22a, SIGNATU		^		nu tiiat	death occurred at	i i i i i i i i i i i i i i i i i i i	22b. D#	WE SIGNED	CO GROTE
		TAXXII	m	1		ATTENDING TO	TED. STAFF	m ///	/ / /	, C
	22c. PHYSIC	AN'S	,,,-	9	M.D.	PHYS.	DIRECTOR PHYS.	LJ 1 / //		
	NAME (T		n /	non ES		1110 C-	11 C+ Si	Luga Sna	ina N	H
238	PUBIAL CORE	MATION, 23b. DATE	THERENE		METERY	OR CREMATORY	1 23d. LOCATION (C	ity town or con	ntv)	(State)
238	REMOVAL (Sp		INEREUF	230. NAME OF CE	METERI	OR GREMMIONI	ZUG. LOURTION (C	toy, town or cou	()	(mento)
SH.	TIGAL DIR	11-14-	7 22 /1	ADDDECC	Heav	25a. REC	D BY REGISTRAR 25	PALMA (id S SIGNATURI	F
1		nomadi	C 35 1 2 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	120ca		- 44 /		001	4 0	
0	Varnet E	Pumphrey	, Inc. 8	434 Ga., A.	ve., c	DATE N	10V 1 6 1968	> files	rea ye	idal

VR A15 (4) 20M 1/65

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death.

4



	1582	28		CERT	IFIC.	ATE OF DEAT	TH		Reg. Dist	No.	15	831
	PLACE OF DEATH O. COUNTY MARYLAND MARYLAND					2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o STATE 5. COUNTY						
	b. CITY OR TOWN (If outside corporate fimils, write c. LENGTH OF STAY IN 1b					Maryland Montgomery						
	RURAL and give neurest fown) Glen-Mar Park Years					c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Glen-Mar Park						
Λ	d. NAME OF HOS	Carlton St.	d STREET ADDRESS 202 Carlton St.				1	IS RESID	ARM2,			
								YES 🔲	40 F			
	3. NAME OF DECEASED (Type or print)	Amal	ia ia	M.		Faulkner	4. DATE OF DEAT	Manage	-0.0	25	Ye-	,66
	s sex Female	Cauc.	7 MARR	DIVORCE		October 25,	1878	9. AGE (In years gay birthdoy) BB yrs			Hours	24 HRS Min
	10a. USUAL OCCUPA	TION (Give kind of worl	k done 10b.	KIND OF BUSINESS (OR INDU	STRY 11 BIRTHPLACE (Ste	ale or foreign	country)	12. CITI	ZEN OF	WHAT C	OUNTRY?
	Hous	corking life, even if retire	rd)	Home		Charles Co., Md.				U.S.A.		
	13. FATHER'S NAME					14. MOTHER'S MAIDE	N NAME	_				
)	Will	iam B. Fe	rguss	son		Charlot	te A	. Compto	n			
	15. WAS DECEASED E	EVER IN U. S. ARMED FO		SOCIAL SECURITY NO	17. 1	NFORMANT		Add	ress			
	No		32	1-01-5142	2	Mrs. Thelr	na C.	Roy (Sam	e as	Ite	m 2)
		DEATH [Enter only one		ne for (a), (b), and (c)]						VAL BETY	
	PART I. D	PEATH WAS CAUSED BY: IMMEDIATE CAUSE		crimin	1_						oce	
	Conditions, if ony, which) the Orloris Clerater heptivities									540		
	gove rise to couse (a), statis lying couse las	ng the under DUE T	o an	Term ocleronis						20 gr		
	Z PART II C	OTHER SIGNIFICANT CO	NDITIONS C	ONTRIBUTING TO DE	ATH BUT	NOT RELATED TO THE TEL	RMINAL DISE	ASE CONDITION GIV	EN IN PART	1(0) 19.	WAS AU	TOPSY
	ĬŘ.									١,	PERFORA	
	I ≈ 1 OR CONTRIBUTII	WAS UNDERLYING THE NOTICE CONTROL OF DEATH OF MEDICAL EXAMINER	н	CRIBE HOW INJURY C	OCCURRE	D (Enter nature of injury	in Part I ar P	ort II of item 18)				Lie
	20c TIME OF INJ	n. 10	While	Not while	20e. PL fo	ACE OF INJURY (Hame foctory, street, office bldg,	elc.)	ity or town)	(Ce	ounly)		(Stote)
	21. I certify	that & attended_th	e deceas	ed from ZJ	000	196410	25/	VV , 19.66	ź.,that (lo	ost sav	the d	eceased
	alive on_2	-4 MV 1	, 12	and that	t death	occurred at 8.2	M, fri	om the causes o	and on the	e dote	stated	above
		11/1/11		. 1/				(Street, city or town,			DAT	E SIGNED
	ACTUAL SIGNATURE	420/14	wy	en		MD 615 W.	Mont	gomery A	ve.	+		
	PHYSICIAN'S NAME (Type)	Villiam S.	Mur	phy/		Rockvi	11e, 1	Maryland				
		TION, 226. DATE THERE	EOF	224 NAME OF CEN	AFTERY O	R CREMATORY	22d tOC	ATION (City, fown,	or county)	-	(Stote)	
	-	REMOVAL (Specify) 11/28/66 Parklawn Co					Roc	kville.	Md.			
	23. FUNERAL DIRECTO	FUNERAL DIRECTOR'S SIGNATURE. T 5 ADDRESS 1/1 CO ATTO NI VI 240 REC'D BY REGISTRAR 240, REGISTRAR'S SIG								NATURE	_	
1	TACHIMA	MM BYCALN	In Voca	TOTOO MT	20.7	7 A G * 1A * M *	UEL -	1966			Que	4.0

TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours ofter death, Poge 4 the funeral director, should be fited with TO HOSPITAL OR ALLEBOURD TO object on objection.

TO FUNERAL DIR

R: After this certificate has been signed by the ottending physician and completely filled to page 3 should be clacked for use as the buriol-transit permit. Then please remove carbon papers. Pages 1 of the registrar prior to buriol, cremation, or remayal, and in any event within 72 hours after death. VS A15 (4) 15M 9/55



OF DEATH 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased I ved, f institution: Rasidence a. COUNTY MARYLAND c. CITY OR TOWN (If outside corporate limits, write RURALLE b CITY OR TOWN (f ou side corporate lights, c. LENGTH OF STAY IN 16 6048 Rossmore YES NO 📆 3. NAME OF Middle DECEASED OF DEATH (Type or print) nove IF UNDER USUAL OCCUPATION (G.va kind of work during most of working life, aven if retired oursewist. 13. FATHER'S NAME enjamen Bahner 16. SOCIAL SECURTY NO. 17. INFORMAN 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b) ONSET AND DEATH PART I. DEATH WAS CAUSED BY: MMEDIATE CAUSE (a) Conditions, if any, which gave rise to immediate cause DUE TO (a), stating the underlying PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a), 19. WAS AUTOPSY PERFORMED? NO X 20a. ACCIDENT WAS UNDERLYING I 2Db. DESCRIBE HOW .NJURY OCCURED, (Enter nature of injury in Part I or Part II of stam 18.) OR CONTRIBUTING [] CAUSE OF DEATH | none (IF EITHER, NOTIFY MEDICAL EXAMINER) 20d. INJURY OCCURRED | 20a. PLACE OF INJURY (Home, farm, 2DI. (City or fown) (County) 20c. TIME OF INJURY Month, Day, Year factory, streat, offica bldg., atc.) While Not While at work 21. I certify that (I) (this hospital) attended the deceased from Nov 6 and that death occured at 4.P.M, from the causes and on the date stated above. saw the deceased alive on 22a, SIGNATURI ATTENDING STAFF PHYS. PHYS. 22d ADDRESS 23a, BURIAL, CREMATION, | 23b. DATE THEREOF , 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) liamsport. 0 Wildwood 25a, REC' VR A15 (4) Bethesda, Maryland 15M 9/60 DATE

ESTON STREET, BALTIMORE 1, MARYLAND

DIVISION OF STATISTICAL RESEARCH AND



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 15830 CERTIFICATE OF death. by the funeral Pages 1 and 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission o. COUNT b. COUNTY ve carban papers. Pages 1 event, within 72 hours after MARYLAND CITY OR TOWN (If autside carporate limits CLENGTH OF STAY IN LD (If autside corporate limits, write RURAL and afte nearest town) write RURA, and give nearest town completely filled in e. IS RESIDENCE d NAME OF HOSPITAL OR INSTITUTION (If not in haspital, give street address) ON A FARM? YES 3 NAME OF First Middle DATE Month Dov DECEASED OF (Type or print) DEATH IF UNDER 1 YEAR 5 SEX AGE (In years IF UNDER 24 HRS remove of **NEVER MARRIED** last birthday) Manths Doys WIDOWED DIVORCED 106 KIND OF BUSINESS OR LARA 12 CIT ZEN OF WHAT COUNTRY? LL. S during most of working life, even if retired) FRIC C-UVFRNAEN pe J3. FATHER'S NAME 14. MOTHER'S MAIDEN NAME signed by the attending physburial-transit permit. Then burial, crematian, or remaval WAS DECEASED EVER IN U.S. ARMED FORCES? eminary (If yes gwaywor or dates of service INTERVAL BETWEEN 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) ONSET AND DEATH PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) DUE TO Canditians, if any, which gave (b) use to immediate cause (a). DUE TO for use as the L Health prior to b

stating the underlying cause last. PART IT OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(c) 20g ACCIDENT WAS UNDERLYING

20b DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Part I or Part II of item 18.)

(IF EITHER NOTIFY MEDICAL EXAMINER 20d INJURY OCCURRED TIME OF INJURY Month, Day, Year foctory, street, office bldg , etc.) Hour o.m. While Nat While at work at wark

20e PLACE OF INJURY (Home form, (City as tawn)

19 66 and that death accurred at 2:15 AM, from causes and an the date stated above.

(Caunty)

22c. PHYSICIAN'S

21 I certify that (I) (this haspital) attended the deceased from.

Gilbert B. Cushner

22d

ATTENDING

STAFF PHYS D RECTOR New Hampshire Ave 22b DATE SIGNED

NO.X

Year

YOX

WAS AUTOPS!
PERFORMED?

(Stote)

23g BURIAL CREMATION Buria REMOVAL (Specify)

NAME (Type)

OR CONTRIBUTING CAUSE OF DEATH

saw the deceased alive an

23b. DATE THEREOF

23c NAME OF CEMETERY OR CREMATORY

23d LOCAT ON (City or Town) Prince Georges

(Stote) (County)

director, page should be filled 0

CERTIFICATION

2Sa REC'D BY, REGISTRAR

2Sb. REGISTRAR'S SIGNATUR

O FUNERAL DIRECTOR: After this certificate has been PHYSICIAN: The be retained by the haspital ATTENDING

attending

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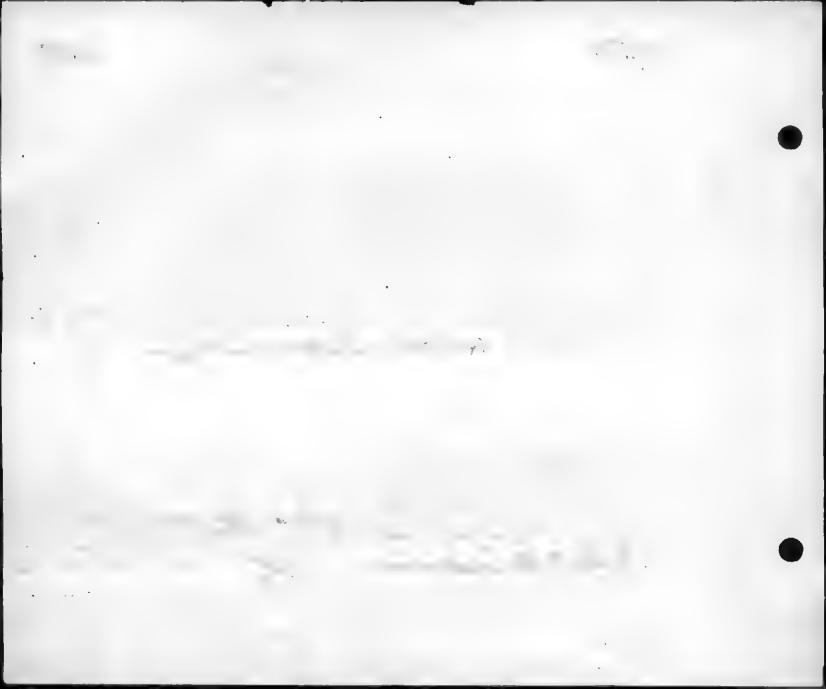
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State

requires that the death certificate be executed within 24 haurs after death

VR A15 (4) 20 M 1/66



	Division of STATISTICA	L RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMOR	RE, MARYLAND 21201
FOR STATE	15831	MEDICAL EXAMINER'S CERTIFICATE OF DEATH	15834
HEALTH DELK.	o COUNTY MONTGOM	ERY MARYLANO O STATE Md.	b COUNTY COUNTY
M3.	b CTY OR TOWN (If outside companie inn ts, write RURAL and give nearests with	LENGTH OF STAY IN 1b CULY OR TOWN (1 autside corporate ly	gis, write RURAL and give nearest tawn)
th If dry ges 1, 2, I form P ate Depar	d NAME OF HOSPITATION INSTITUTION (If not in I	hasp to give street address) d.STREET ADDRESS	e IS RESIDE ON A FAI YES
offer death If S. Give Pages 1, along with form with the Slate De with a 72 hours	3 NAME OF DECEASED	E M. Middle Fisher OF	Manth 15 Day Year
5 % B 3	<i>-</i> ///	MAPPIED ACTION AND ED 18 ATE OF BRITH 19 AGE	Months Days Hours
thours Item 18 Office Iond2	10a USUAL OCCUPATION (G ve kind of work dane during phost of working life, even if retired)	10b. KIND OF BUSINESS OR 11 BRTHPLACE (State as foreign country INDUSTRY) 12 CITIZEN OF WHAT COUNTRY
e executed within 24 pending" in pending in st Medical Exominers sist mermit file pages in removal, oad in oay	13 FATHER'S NAME Frank B. Walker	14 MOTHER'S MAIDEN NAME Emma M. S.	tacks
executed warding" in permedical Exor	15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, na, or unknown) (if yes give war or dates af services, No.	16 SOCIAL SECURITY NO 17 INFORMANT Days bit on	Add2601 Veismar
be execute "pending" nef Medical onsit mermit	18 CAUSE OF DEATH (Enter only one cause per PART DEATH WAS CAUSED BY		INTERVA RETA
	IMMEDIATE CAUSE (0)	Coronary Throm bosis -L	
certificate should writing the word orwarded to the C used as a burial-h burial, cremation,	rise to immediate couse (a), Stating the underlying cause (b). [lost. (c)	Constituting / / / / / / / / / / / / / / / / / / /	
s certificate slee, writing the forwarded to tused os o but to burnol, cremo	PART I OTHER SIGNIFICANT CONDITIONS CONTR	IBUTING TO DEATH BUT NOT RELATED TO THE TERM NAL DISEASE CONDITION GIVEN IN	PART I(a) 19 WAS A TO PERFORME
Th: Ifficat If be	20g EXTERNAL CAUSE WAS PRIMARY II or CONTRIBUTING II CAUSE OF DEATH. 20g TIME OF JAJURY Month, Day, Year Hour a.m.	20b DESCRIBE HOW INSURY OCCURRED (Enter nature of in vry in Part or Part II of	, A-W
S = S = E	20c TIME OF JAJORY Month, Day, Year Haur a.m. p.m., 19	20d INJURY OCCURRED 20e. PLACE OF INJURY (Hame, farm, While Nat While of work factory, street, office bldg., etc.)	y ar tawn) (County) (S
AL for Parent	D 1114	the remains described above, held an Autapsy 📈 , — Inspect an [Inquiry X and in my a
MED oleose direc etain n	ACTUAL Only	Sold CHIEF MEDICAL EXAMINER [] MD ASSISTANT MED CAL EXAMINER []	22 047
Profession of the profession o	SIGNATURE EXAMINER'S NAME (Type) JULIN	DEPUTY MED CAL EXAMINER	
necessar the func 5 may b To runke	230 BURIAL CREMATION, 23b DATE THEREOF	23c NAME OF CEMETERY OR CREMATORY 23d LOCATIO	N (City or Town) (County) (Sto

(County) (State)

e IS RESIDENCE ON A FARM?

Veisman Rd

INTERVAL BETWEEN

WAS AUTOPSY PERFORMED?

and in my apinian

ΝÔ

NO 5 Year 19 FUNDER 24 HRS

22. DATE SIGNED Address (Street, cty, town or county) Bethesda. Md.

NAME (Type) BURIAL CREMATION, REMOVAL (Specify)

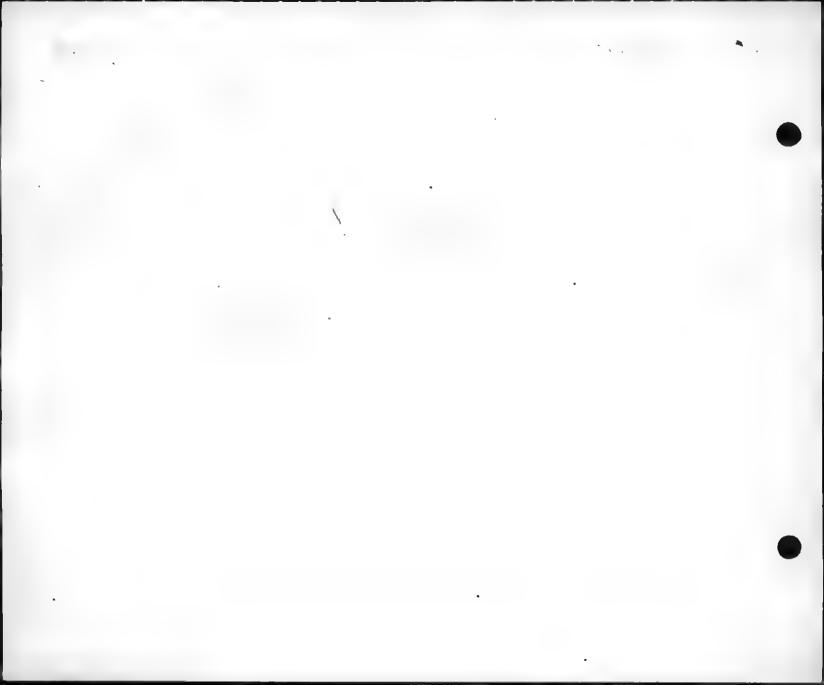
23b DATE THEREOF 11-13-66 23c NAME OF CEMETERY OR CREMATORY Parklawn Cemetery

Rockville, Maryland

24 FUNERAL DIRECTOR VR A15ME (5)

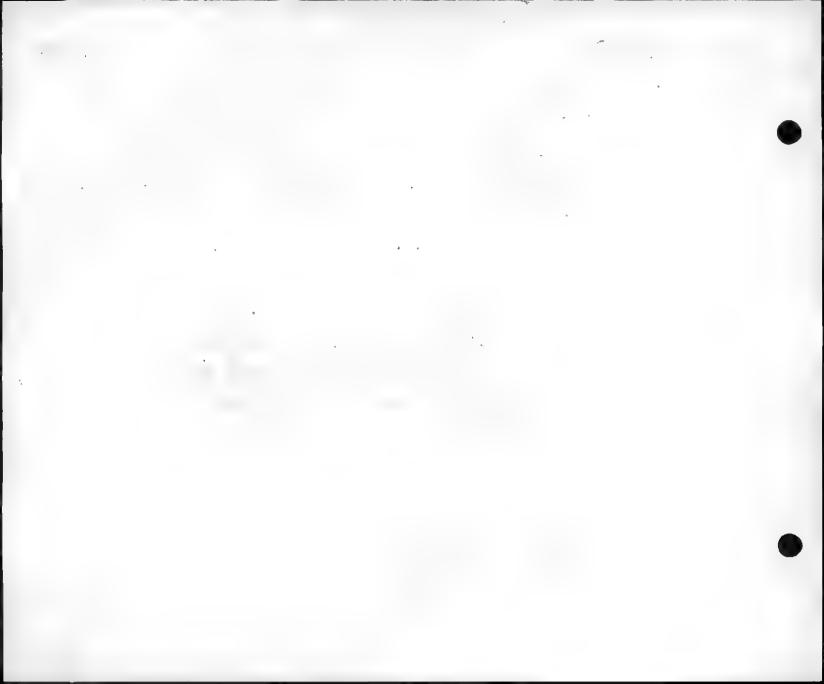
ADDRESS PUMPHREY. Bethesda, Maryland

250 REC D BY REGISTRAR NOV 2 1966

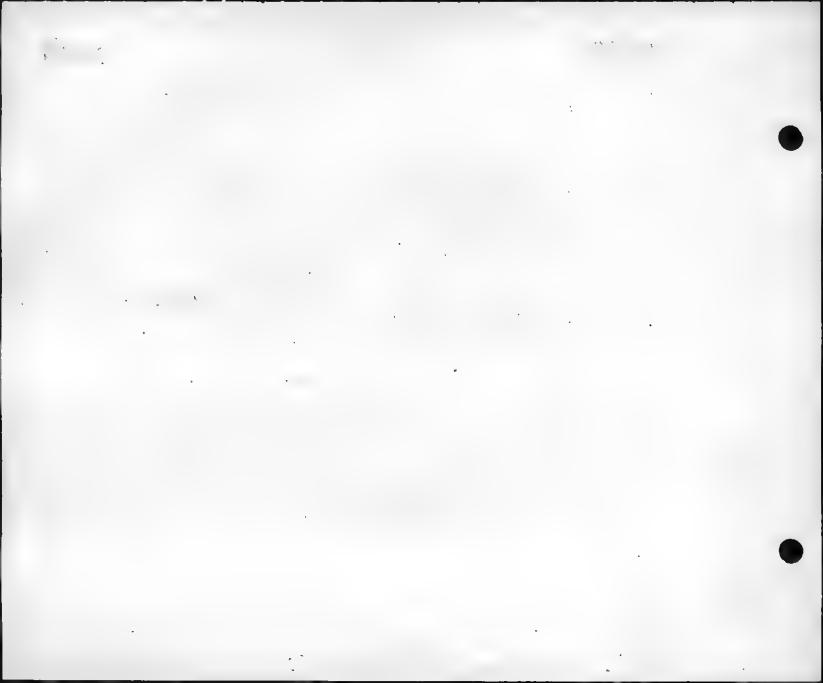


Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 15832 MEDICAL EXAMINER'S CERTIFICATE OF DEATH 2 USUAL RESIDENCE (Where deceased lived, if institution. Residence before admission PLACE OF DEATH o. COUNTY o. STATE b. COUNTY Montgomery MARYLAND Maryland Montgomery c CITY OR TOWN (if auts de carparate limits, write RURAL and give nearest tawn) b CITY OR TOWN (If outside carparate limits, C JENGTH OF STAY N 16 write RURAL and give nearest town)
Silver Spring Silver Spring d STREET ADDRESS e IS RESIDENCE ON A FARM? d NAME OF HOSPITAL OR INSTITUTION (if not in haspital, give street address) 136 Claybrook Drive NO X Holy Cross Hospital 3 NAME OF First Middle Last 4 DATE DECEASED P. Flood November 23, within . Errol 66 DEATH (Type or print) IF UNDER 1 YEAR IF UNDER 24 HRS 9 AGE (In years S SEX 6 COLOR OR RACE 8 DATE OF BIRTH 7 MARR ED BE NEVER MARRIED 6 glast birthdoy) 7-25-1897 White W DOWED Male event 10b KIND OF BUSINESS OR 11 B RTHPLACE (State or foreign country) 12 C TIZEN OF WHAT 10a USJAL OCCUPATION (Give kind of work done COUNTRY ? the gamest of working te, even if retired) INDUSTRY U.S. GOV t Washington, D.C. 14. MOTHER'S MAIDEN NAME 13. FATHER S NAME be executed within Lizzie E. Kerper William P. Flood 16. SOCIAL SECURITY NO 17 INFORMANT Address IS WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, na, ar unknown) (if yes give war ar dates of service removal. Same as 578-40-9835 T Mildred F. Flood INTERVAL BETWEEN 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c)) ONSET AND DEATH PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) certificate should cremation, DUE TO Conditions, if any, which gave rise ta immediate couse (a), DUE TO stating the underlying couse 19 WAS AUTOPS PART I OTHER SIGNIF, CANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) PERFORMED? NO 206 DESCRIBE HOW MUJRY OCCURRED (Enter nature of injury in Part I or Part II of Item 18) 200 EXTERNAL CAUSE WAS should PRIMARY [] or CONTRIBUTING [CAUSE OF DEATH. 20s PLACE OF INJURY (Home, form, (City or town) (County) (Stote) 20d NJURY OCCJRRED 20c TIME OF INJURY Month, Day, Year factory, street, affice bldg., etc.) Haur a.m. While at wark L. at wark 21. I certify that I took charge of the remains described above, held an Autopsy X inspection and in my opinion the funeral director. death resulted from. Natural causes Suicide Homicide Undetermined manner CHIEF MEDICAL EXAMINER ACTUAL 22. DATE SIGNED SIGNATURE **EXAMINER'S** Health o NAME (Type) 90 RECD BY REGISTRAR VR A15ME (5 6M 1/66

MARYLAND STATE DEPARTMENT OF HEALTH

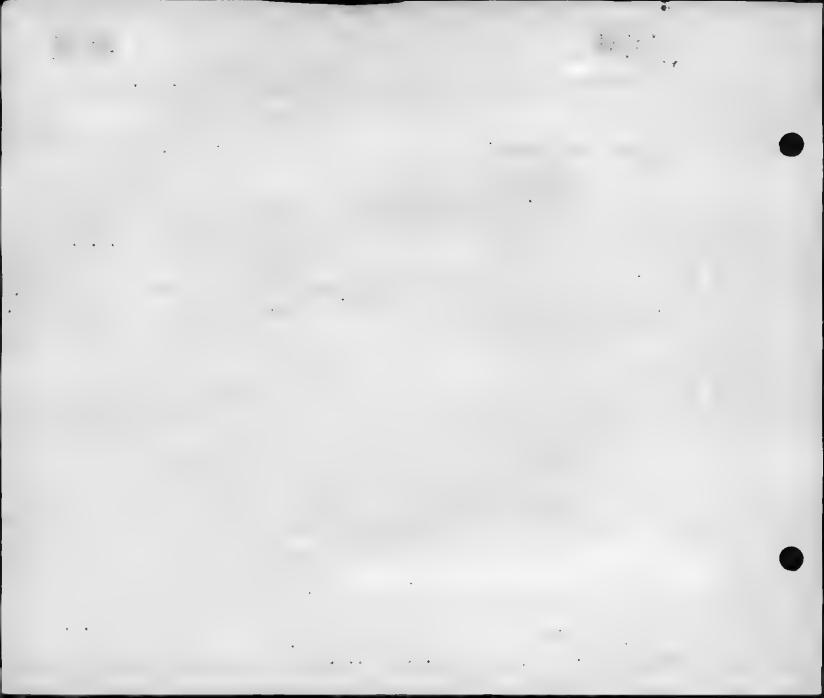


MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 15833 CERTIFICATE OF DEATH PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived, if institution, Residence before admission filled in by the funero COUNTY b. COUNTY i remove corbon popers. Pages 1 in ony event, within 72 hours ofter MARYLAND 24 hours ofter CTY OR TOWN (1 autside corparate limits, write RTRAL and give nearest town) c. LENGTH OF STAY IN 16 c CITY OR TOWN (I autside carparate limits, write RURAL and give nearest town) e IS RESIDENCE ON A FARM? d NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d STREET ADDRESS NO remove corbon NAME OF Middle Lost 4 DATE Month Year completely DECEASED OF DEATH (Type or print) Doualass 19 requires that the death cert, ficate be executed S SEX AGE (a years IF ... NOFR 1 YEAR 6 COLOR 7 MARRIED NEVER MARRIED Jast 6 rthday) Days Haurs DIVORCED WIDOWED TO a USUAL OCCUPATION (Give kind at wark dane K ND OF BUSINESS OR BIRTHPLACE (County & State, or foreign country) 12 CITIZEN OF WHAT permit. Then please rion, or removal, and in during most of working life, even if retired) COUNTRY? 13. FATHER'S NAME 14. MOTHER'S MAUDEN NAME burial, cremation, or removal, WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO INFORMANT (Yes, no, prunknown) (If yes give war ar dates of service) INTERVAL BETWEEN CAUSE OF DEATH (Enter only one cause per line lar (p).
PART I. DEATH WAS CAUSED BY. (b), signed by the burial-transit p ONSET AND DEATH IMMEDIATE CAUSE (a) 4 may be retained by the hospital or attending physician. DUE TO Canditions, if any, which gave rise to immediate cause (a), DUE TO stating the underlying cause **TO FUNERAL DIRECTOR:** After this certificate has been director, page 3 should be detached for use as the should be filed with the Stote Dept. of Health prior to last. PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(g) 19 WAS AUTOPSY PERFORMED? CERTIFICATION YES [NO 200 ACCIDENT WAS UNDERLYING [] 20b. DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Port I or Port II of item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20d INJURY OCCURRED 20e. PLACE OF INJURY (Hame larm (City or town) (County) (Stote) 20c TIME OF INJURY Month, Day, Year Hour a.m. factory, street, allice bldg., etc.) While Nat While at wark at wark 66 to 19 66, that (I) (we) last 21. I certify that (I) (this hospital) attended the deceased from 1/ 19 11-26 19 66, and that death occurred at 6272M, from couses and on the date stated above. sow the deceased alive on 22a SIGNATURE 226 DATE SIGNED ATTENDING M.D PHYS DIRECTOR 22d. ADDRESS 22c PHYSICIAN'S NAME (Type) 23a. BURIAL, CREMATION DATE THEREOF 23d. LOCATION (City or Town) RMSFMOVAL (Specily) Silver Spring. Gate of Heaven Cemetery FUNERAL DIRECTOR 25g REC'D BY REGISTRAR 2Sb. REGISTRAR'S SIGNATUR VR A15 (4) POATE DE 20 M 1/66

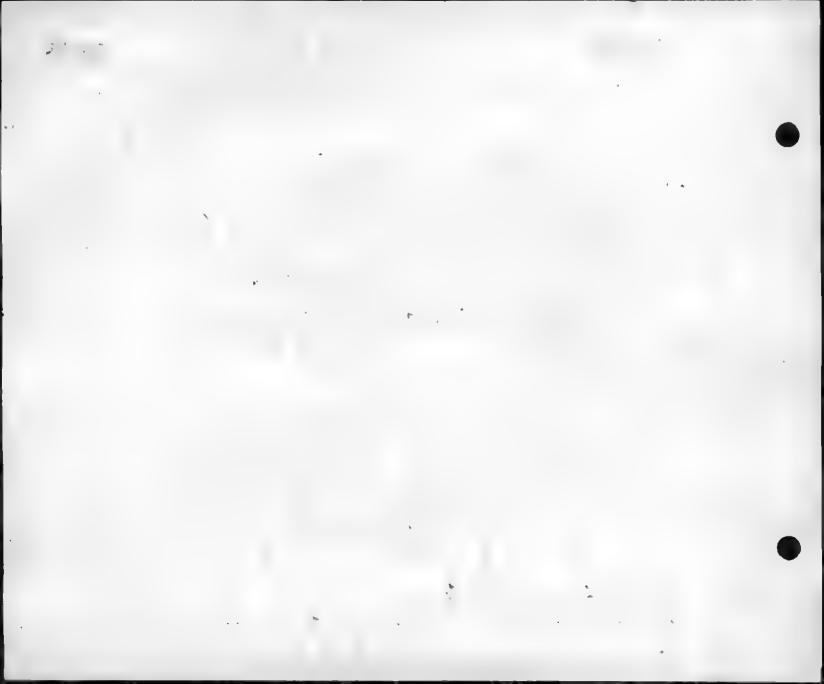


DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH funeral should affer 1. PLACE OF DEATH USUAL RESIDENCE (Where decessed lived, if institution: Residence before edmission) e. COUNTY hours by the and 2 death. Montgomery
b. CITY OR TOWN (1 outs de corporale limits, MARYLAND Md. Montgomery c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporete limits, write RURAL and a ve nearest town) ٨ write RURAL and give nearest town) 2after Takoma Park Silver Spring Pages d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street eddress) d STREET ADDRESS . IS RESIDENCE hours ON A FARM? YES NO X Washington Sanitarium Eastern Iom letely papers. NAME OF Middle 4. DATE Month Day Year 22 DECEASED OF (Type or print) DEATH SAMUEL c FRIED 1966 withi carbon 6. COLOR OR RACE 7. MARRIED NEVER MARRIED B. DATE OF BIRTH AGE (In years LIF UNDER 1 YEAR IF UNDER 24 HRS and lest birthday) Male Months '83 WIDOWED X DIVORCED physician 10e. USUAL OCCUPATION (Give kind of work FORDOVE. 10b, KIND OF BUSINESS OR INDUSTRY | 11, BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired) Sue. U.S.A. Poland Tailor 13. FATHER'S NAME please 14. MOTHER'S MAIDEN NAME · 🗠 🕳 affinding and 15. WAS DECEASED EYER IN U.S. ARMED FORCES? | 16 SOCIAL SECURITY NO. | Address Md. removal (Yes, no, or unknown) | [Ifyes give we ror dates of service] Mol Mo Koonin, 3126 Brooklawn Ter.Ch.Ch. ie permit. 1B. CAUSE OF DEATH [Enter only one cause per line for (e), (b), and (c). INTERVAL BETWEEN ģ ONSEL AND DEATH PART I, DEATH WAS CAUSED BY: 0 signed IMMEDIATE CAUSE (a) cremation, burial-transit **DUE TO** attending peen Conditions, if any, which 163-and gave rise to immediate cause **DUE TO** (e), stelling the underlying has ceuse lest. i Pe ե TYSICIAN: certificate PART I. OTHER S GNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY CERTIFICATION hospital 10 Q PERFORMED? NO K use prior 200 ACCIDENT WAS UNDERLYING OF CONTRIBUTING CAUSE OF DEATH 20b. DESCRIBE HOW INJURY OCCURRED, Enter nature of injury in Part I or Part II of I'em 18 Ιο̈́ Health UF EITHER, NOTIFY MEDICAL EXAMINER detached After WEDICAL 20c. TIME OF INJURY Month, Day, Yeer 20d INJURY OCCURRED 20e, PLACE OF INJURY (Home, farm, 20f. (City or town) (County) (Steta) retained While Not While factory, street, office bldg., etc.) ö may be retaine DIRECTOR: el work et work State Dept. 1966 to Glove. 21. I certify that (I) (this hospital) attended the deceased from..... should 19 (and that death occurred at / 1.PM, from the causes and on the date stated above saw the deceased alive on... 22m. S.GNATURE DATE **ATTENDING** SIGNED death, Page 4
IO FUNERAL
director, page 3
be filed with the PHYS. DIRECTOR ADDRESS PHYSICIAN'S NAME (Type) 23c. NAME OF CEMETERY OR CREMATORY 23b. BURIAL, CREMATION, 23b. DATE THEREOF 23d. LOCATION (City, town or county) REMOVAL (Specify) Tifereth Israel Cemetery Washington, D.C. Burial 24 FUNERAL DIRECTOR'S SIGNATURE ADDRESS 3501-14thStt250. REC'D BY REGISTRAR 256. REGISTRAR'S SIGNATURE VR A15 (4) Danzansky & Sons N.W. Wash. D.C. DATE 20M 5-63

MARYLAND STATE DEPARTMENT OF HEALTH



		15835	CERTIFICATE	OF DEATH		15838
rs after death the funeral ages I arra'z rrs after death	1	PLACE OF DEATH MONT GOMERY COUNTY MONT GOMERY	ld H MARYLAND	2 USUAL RESIDENCE (Where deco	b COUNTY	esidence before admission)
requires that the death certificate be executed within 24 Laurs after deat a physician. In signed by the attending physician and campletely filled in by the funeral e burial-transit permit. Themplease remave carban papers. Pages I and a burial, cremation, ar ren gold, and any event, within 72 haurs after deep a burial, cremation, ar ren gold, and any event, within 72 haurs after deep a burial, and a page of the control of	74	b CITY OR TOWN (f outside corporate limits / write RURAL ond give-nearest town)	C LENGTH OF STAY IN 16 R SPRING	c CITY OR TOWN (It of side carp)	Park M	
cuted within 24 Laurs ampletely filled in by the carban papers. Pagevent, within 72 haurs	1	d NAME OF MOSPITAL OR INSTITUTION (If not in I	hospital, give street oddress)	1406 Univer	sity Blud.	e S RESIDENCE ON A FARM? YES NO M
ecuted within campletely fave carbany event, with		NAME OF Frs1 DECEASED (Type or print)	Middle J	OF DEAT	TH //	27 1966
e execute and camp remave in any eve		F w	DIVORCED	B. DATE OF BIRTH	Just birthday) Mai	INDER 1 YEAR OF UNDER 24 HRS On this Doys Hours Min
ertificate be executed to physician and control of the period control of the period of	du	O USUA, OCCUPATION (Give kind of work done ing most atworking the, even if retired)	10b-k ND OF BUSINESS OR	11 BIRTHPLACE (County & Stote, or	toleigh country)	12 CITIZEN OF WHAT COUNTRY?
certific		Ab Samuel Gilbert	I 16 SOCIA, SECURITY NO 17, 1	14. MOTHER'S MAIDEN NAME	Address	
attending permit. Th	(X	WAS DECEASED EVER IN U.S. ARMED FORCES? 85, na_ar unknawn) (If yes give war ar dates af serv	12Ht HOWN 412	NFORMANT Pert Friedland	7.44	n. Silver Spri
equires that the death c physician. signed by the attending burial-transit permit. I burial, crematian, ar ren		18 CAUSE OF DEATH (Enter only one couse pe PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o)	r line for (a), (b), and (c)	ARDIAL 1	WEARLE	ONSET AND DEATH
physician physician signed by burial-tra burial, cre		Conditions, fany, which gove (b) (b) DUE TO	can sel	hens		12 Jus
The law re attending has been se as the th priar ta		stoting the underlying couse (c) PART II OTHER SIGNIFICANT CONDITIONS CONTR	Hypten	THE TERMINAL DISEASE CONDITION O	IVEN IN PART 1(c)	19. WAS AUTOPSY
- L . H =	CERTIFICATION	200 ACCIDENT WAS UNDERLYING	205, DESCRIBE HOW INJURY OCCURRED.			PERFORMED? YES NO
YSIC aspi cert hed bt. a		OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c TIME OF INJURY Month, Day, Year		CE OF INJURY (Harne, form, 20f		(Caunty) (State)
40 40 40	MEDICAL	Hour a.m. 19 21. I certify that (I) (this haspital	While of wark of work of wark	ory, street, affice bldg., etc.)	to //-2 /	. 19 6 (that (1) (we) los
OR ATTEMB be retained borrector. At DIRECTOR: At ge 3 should be ed with the S		saw the deceased olive on	1-17 19G6, and that	death occurred at 171019	M, from couses and	
OR be r		22c. PHYSICIAN'S	limited N) MC	D. ATTENDING MED. DIRECTOR 22d. ADDRESS	STAFF PHYS.	11.27 66
TO HOLINITAL Page 4 may TO FUNERAL director, pag shauld be fill	230		230 NAME OF CEMETERY OR O	2'	LOCATION (City or Town)	(County) (State)
07 0 ig 42	B	111 H L V//28/6	6 MI. HRARAT	ZSO. REC D BY REGIL	JELPWH Z	1. H. Y.



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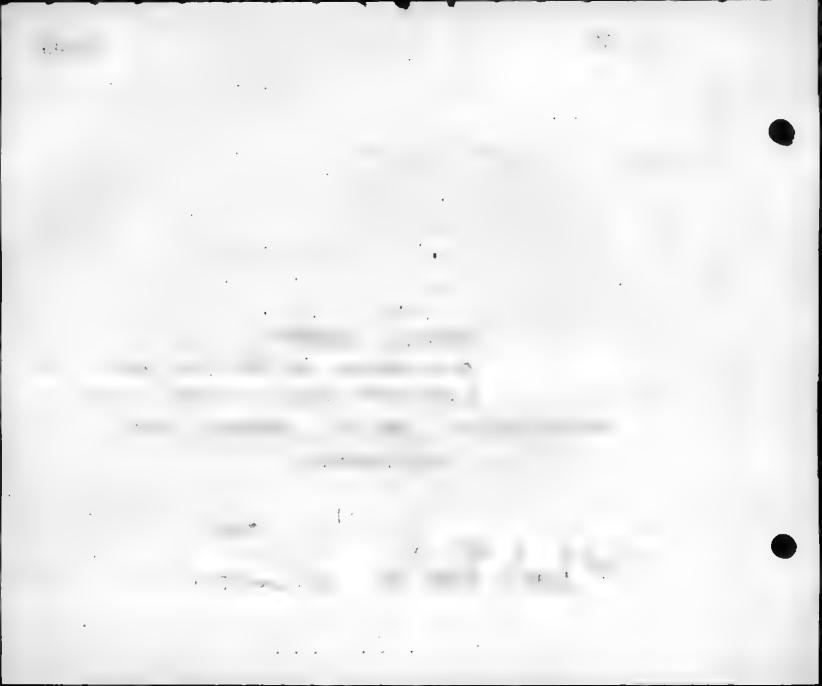
TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physicientand completely filled in by the funeral director, magm 3 shamed be detached for ume am tile burial-transit permit. Then pidase phowe carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death. TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 2m loum after wenth. Page 4 may be retained by the Mospital or attending physician.

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
15836

CERTIFICATE OF DEATH
15839

1. PLACE OF DEATH 2. COUNTY	2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission)
Montgomery MARYLAND	a. STATE Maryland Montgomery
b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town)	
TAKONCE Park 13 h 40m	Silver Spring 1-1
d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address	d. STREET ADDRESS G. IS RESIDENCE
Washington Sanitarium and Hospital	505 Eisner St VES NO X
3. NAME DF First MIddle	Last 4. DATE Month Day Year
(Type or print) William Wolf	Friedman DEATH 11 10 1966
5. SEX 6. COLOR OR RACE 7. MARRIEO NEVER MARRIED	8. DATE OF BIRTH 9. AGE (In years IFUNDER 1 YEAR IFUNDER 24 HRS.
Male White WIDDWED OIVORCED	4-18-16 last birthday) Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done 1Db. KIND OF BUSINESS OR during most of working life, even if retired) INOUSTRY.	11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY?
	othe Ny city N. y Averica
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
May Friedman	Unknown by wife
15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17	. INFORMANT Address
(Yes, no, or unknown) (If yes give waz or dates of service)	Hand tall Rocard
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]	INTERVAL BETWEEN
PART I. OFATH WAS CAUSED BY: O A COLOR	APPEST ONSET AND DEATH
IMMEDIATE CAUSE (a)	1 NN -0:
Conditions If any which	INFARCTION, MCUT 12hrs
conditions, if any, which gave rise to immediate (b)	z 2001/1/10/1000/1000/
cause (a), stating the OUE TO CORON ABY	ARTERY DISCEPSE, CHARDER your
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RE THE PART TENS CON OBES CY 20a. ACCIDENT WAS UNDERLYING 1 20b. DESCRIBE HOW INJURY DOI BY CONTRIBUTING 1 CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) SPONTAN	PERFORMED?
2Da, ACCIDENT WAS UNDERLYING TO 1 20b. DESCRIBE HOW INJURY DO	CURREO. (Enter nature of Injury In Part II or Part II of Item 18.)
B DR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) SPONTAN	
	tory, street, office bldg., etc.)
∑ p.m. 19 at work at work	
21. I certify that (I) (this hospital) attended the deceased from.	19 66 to 1 - 0, 19 6 that (I) true) last
	at death occurred at 744M, from the causes and on the date stated above.
22a. FIGNATURE	.D. ATTENDING MEO. DIRECTOR PHYS. 22b. OATE SIGNED 1 1 - 1 0 - 1 6
NAME (Type) COLIN L. FORD IND	122d. ADDRESS 1831 CHIVERSITY BLVD R SPRINGE
	3777782
REMOVAL (Specify)	RY OR CREMATORY 23d. LOCATION (City, town or county) (State)
BURLAL II/I3/00 King David	Mem. Garden Falls Ch. Va.
24. FUNERAL DIRECTOR ADDRESS 3501	ash D CNO 1 4 1966 / Charles Judge
Bernard Danzansky & Sons St., N.W.W	ash D.C. 14 1300 Heronley Judge

VR AI5 (4) 20M 1/65



Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

	15837	CERTIFICATE	OF DEATH		15840
	PLACE OF DEATH				t on Residence before admission)
	O COUNTY MONTGOMERY	MARYLAND	MARYLAN	VD b COL	ONTGORFE!
	b CITY OR TOWN (If outside corporate limits, write RURAL and give nearest tower).	c. LENGTH OF STAY IN 16	c CITY OR TOWN (If out	side corporate limits, write RU	JRAL and give nearest town)
	TAKOMA PARK		TAKOMA	PARK	<i>'</i>
	d NAME OF HOSPITAL OR INSTITUTION (If not in hospita, g	ave street oddress)	d. STREET ADDRESS		e IS RESIDENCE ON A FARM?
	WASH. SAN. & HOS,	ρ,	6 CRES	CENT PLAC	YES NO X
	NAME OF First	Middle	Lost	4 DATE Mon-	
	(Type or print) ESTHER		OOM	DEATH //	-8 1966
S			B. DATE OF BIRTH	9 AGE (In years lost birthday)	Months Days Hours Min
10	WIDOWED WIDOWED	DIVORCED DIV	12-1-88	77 yrs.	1 12 C TITCH OF PHILAT
	ing most of working He, even if retired) IN	ND OF BUSINESS OR DUSTRY		& State, or foreign country)	12 CTIZEN OF WHAT COUNTRY?
12	HOUSEWIFE A	T HOME	CANADA 14. MOTHER'S MAIDEN N		U. S M.
13.	FENTON		14. INOTHER 3 MADER IN	BIRCH	y
15.	WAS DECEASED EVER IN U.S. ARMED FORCES? 16. 1	SOCIAL SECURITY NO 17. I	NFORMANT	Addr	ress
(Ye	(If yes give wor or dotes of service)	A	1R. LEROY	FROOM,	SAME
	1B. CAUSE OF DEATH (Enter only one couse per nine for	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	a		INTERVAL BETWEEN ONSET AND DEATH
	PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (o)	antico C	£ 218 d.		the sector
	DUE TO m	(-0	0 00		
	Conditions, if any, which gove (b) /// (b) ///	yor andeal,	Induffecon	well	
	stating the underlying couse DUE TO	,	Conlusie	σ	
	last (c) C				T 19. WAS AJTOPSY
NO	PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING T		A (.	1 0	PERFORMED?
FICA	Clyteriosclipate	Co + Cicres			YES NO H
L CERTIFICATION	OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	SCRIBE NOW INJURY OCCURRED	femer noras ar infast is ta	or t or Port tt of Hent to)	
MEDICAL		JURY OCCURRED 200 PLA	CE OF INJURY (Home, form, ory, street, office bldg, etc.)	20f. (City or town)	(County) (State)
AN I	p.m 19 of work	LI otwork LI		"Maer	8
	21. 1 certify that (1) (this hospital) often	ded the deceased from_		18 , to	9, 19 (3, that (1) (we) lost
	saw the deceased alive on C C	1966, and tho	t deoth occurred ot_	M, from couses	ond on the dote stated above.
	Method & 1/1 cen	2751 148 MI	ATTENDING PHYS.	MED. DIRECTOR D STAFF PHYS	7icac - 8. 1966
	220 PHYSICIANS WILTORD DA	1e yers MU	22d, ADDRESS A	addon Dr.	Takoma Parting
23c	BURIAL, CREMATION, 23b DATE THEREOF	23c NAME OF CEMETERY OR	CREMATORY,	23d LOCATION (City or To	own) (County) (State)
	REMOVAL (Specify) New 12, 1966	Deorge Was	heigten	adelphi	Mr. Ses. Co. Md
2	EUNERAL DIRECTOR. anitum Walters 254 Carrale	penw. Wall	DATE NO		EGISTRAR'S SIGNATURE
1/-					

TO FUNERAL DIRECTOR: After this certificate has been signed by the atterfaine by sician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filled with the State Dept. of Health priar to burial, cremation, or removal, and in any event, within 72 hours after death. VR A15 (4) 20 M 1/66

TO HOSPITAL OF ATTENDING PRYSICIAN: The low requires that the death certificate be attached within 24 his ofter death

Page 4 may be retained by the haspitol or attanding physician.

enthreath medi



Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

158	38		CERTIFICATE	OF DEATH		15	841
1. PLACE OF DEATH			MARYLAND	2 USUAL RESIDENCE (V	Where deceosed lived, if instand	OUNTY -Mont	Bomera - 1/1
Wite RURA	(foutside carporote liming give neagest tawn) S	oring	l year 1 mont		tside corporote emits, write	RURAL and give n	neorest town)
	ty Nursing I		ve street oddress) Arcola Ave.	d STREET ADDRESS 6815 Rec	d Top Road		e IS RESIDENCE ON A FARM? YES NO X
3, NAME OF DECEASED (Type or pnnt)	Jol	rst nn Th	Middfe omas F	Lost L'Y	OF DEATH Novembe		Poy Year 9 66
s sex Male	6 COLOR OR RACE	7 MARRIED [WIDOWED [A		1871 9 AGE (In year) last birthday 94 yr) Months D	oys Hours Min
during most of work	ON (Give kind of work done no life, every fretired).	ng D. C	D OF BUSINESS OR USTRY <u>Jransit Co.</u>	Loudoun Co	& Stote or foreign country) ounty, Virgi	nia 12 CITIZ	EN OF WHAT
13. FATHER'S NAME Danie				Adelaide 1	Marche		
(Yes no or unknown	VER IN U.S. ARMED FORCES? (If yes give way pr dotes Vone	of service)	S. S. N578-1	NFORMANT Kache	L Kennedy 6	ddress 815 Ked 2koma Pa	Jon Road
	DEATH (Enter only one co ATH WAS CAUSED BY: MMEDIATE CAUSE	0	o), (b), ond (c))	حادث			ONSET AND DEATH
Conditions, if o	ny, which gove	(b)					4
stating the un-		(c)					
CATION	surrely	Darte	CLIONE DE DE CO	scj.			19 WAS ALTOPSY PERFORMED? YES NO
L LIF LITTIER, POUL	AS UNDERLYING CAUSE OF DEATH FY MEDICAL EXAMINER)		CRIBE HOW INJURY OCCURRED				
Hour Hour	p.m 19	While at work	Not While of foct	CE OF INJURY (Home, form ary, street, office bldg., etc.)			
saw the	deceased alive an_	spital) attend	ed the deceased fram_ 2 19 <u>6</u> , and tha				
220 SIGNATUI	eni W.C	probe	M.	ATTENDING PHYS 22d ADDRESS	MED STAFF DIRECTOR PHYS		23-66.
	PO) IRWINI	14. 7	RDAM, &.]	1712- I	- 57 M. L	1/NA	SH D (State)
230 BJRIAL, CREMA REMOVAL (Spec SWAAL) 24 FUNERAL DIREC	Nov.	26, 1966	46	emetery	Washington	1. D. C.	NATURE A
	homas &	h u BHis Inc	us 8434 Georg Silver Spr	. /	NOV 28 1956		vles Judge

è,

TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. They please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremotion, or remarked, and in any event, within 72 hours after death. TO MOSPITAL OR ATTEMDING FINY MICIAN: The low requires that the death certificate Re Pinge 4 may be retains by the kaspital or attending physician. VR A15 (4) 20 M 1/66

execute I within 24 haurs ofter Jeath.



Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

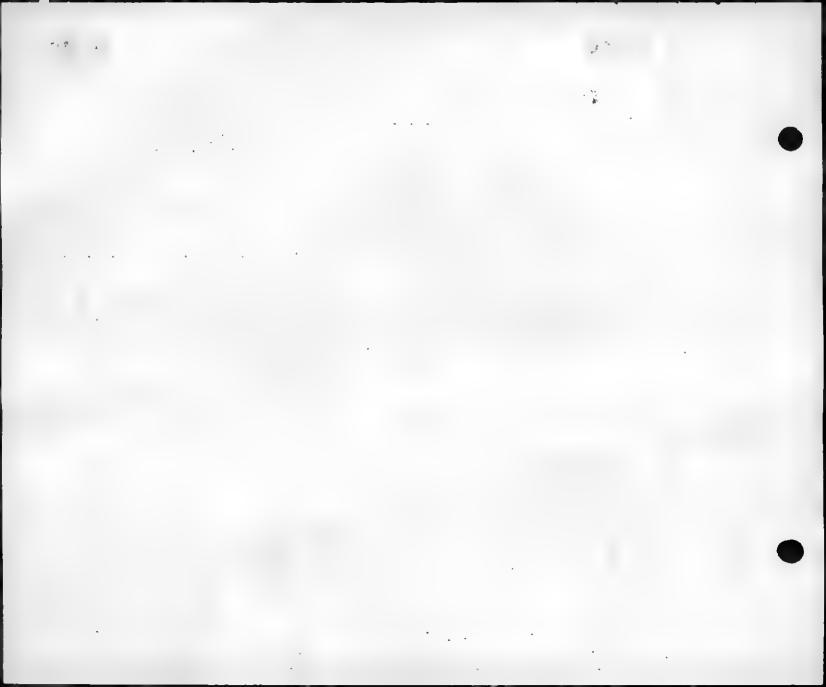
15839

CERTIFICATE OF DEATH

15842

	10010
PLACE OF DEATH MOTIVE OGMET Y MARYLAND	2 USUAL RESIDENCE (Where deceosed lived, if instruction Residence before admission) MEATE Prince (OUNTY Georges
Taktonia or Tarkarest town) C LENGTH OF STAY IN 16	C CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Beltsville
d NAME OF HOSPITA. OR INSTITUTION (H not in hospital, give street address) Washington Sanitarium	d street address Castleigh. 3207 Castleigh Rd e 15 RES DENCE ON A FARM? YES NO C
3 NAME OF DECEASED George Arthur	Fyfe Of DEATH TIME 6 1966
S SEX 6 COLOR OR RACE 7 MARRIED NEVER MARRIED D VORCED	B. DATE OF BIRTH 5-29-1913 9 AGE (in years FUNDER 1 YEAR IF UNDER 24 HRS Manths Days Haurs Min
during to the kind is even if retired) 10b KiND OF BUSINESS OR INDUSTRY BOYS CLUB	11 BIRTHPLACE (County & State, or foreign country) 12 CITIZEN OF WHAT GUNTBY? Girardville, Penna. U.S. A.
13 FATHER'S NAME Charles Syfe	14. MOTHER'S MAIDEN NAME Edith Dull
	s. Marion Fyfe Beltsville, Mawife (same
IB CAUSE OF DEATH (Enter only one couse per line for (a), (b) and (r))	INTERVAL BETWEEN
7 % . / DUE TO	V
rise to immediate couse (a), stating the underlying couse DUE TO	
PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO	THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) 19 WAS ALTOPSY PERFORMED? YES NO
205 DESCRIBE HOW INJURY OCCURRED OR CONTRIBUTING CAUSE OF DEATH—	(Enter nature of injury in Port I or Part II of item 18.)
20c TIME OF INJURY Month, Doy, Year 20d INJURY OCCURRED 20e PI Hour o.m. Value Not While for	ACE OF INJURY (Hame, farm, 20f (City or town) (County) (State) ctory, street, office bldg , etc.)
21. 1 certify that (1)/(this-hospital) attended the deceased from	at death occurred at 9 - 1 M, from couses and on the date stated above.
220 SIGNATURE	ATTENDING MED STAFF 22b DATE SIGNED
NAME (Type) 72 H Sar J. 7- Dr. 17 2	22d ADDRESS
230 BURIAL, CREMATION, 236, DATE THEREOF 230 NAME OF CEMETERY OF REMOVAL (Sperify) emations 9, 1966 9t. Lincoln	CREMATORY 23d LOCATION (City or Town) (County) (Stote) Crematory Prince Georges Co., Md.
Ca función director Commission 8434 George Warner & Pumphrey Inc. Silver Spr	Ave 250 REC'D BY REGISTRAR 256 REGISTRAR'S SIGNATURE
	MONTH OGMERY MARYLAND

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death.



1 (M)

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VR A15 (4) 20 M 1/66

MARYLAND STATE DEPARTMENT OF HEALTH

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

		15840	CERTIFICATE OF DEATH	15843
	(PLACE OF DEATH 1. COUNTY MONTGOMERY	MARYLAND a. STATE Marylan	ceased lived, finstitution. Residence before admission) b. COUNTY Triducks 1
	AS	write RURAL and give neareshtown Rechards NAME OF HOSPITA, OR NST TUTION (I not in hospital, give str	Rusal -	Die ferson Preflex ON A FARM? YES NO
	3 1	NAME OF First DECEASED Type or print) MARGARET	Middle GALLOWAY OF DEA NEVER MARRIED 8 DATE OF BIRTH	11-11
	duri	ng most of working life, even if retired). INDUSTR	IT Home Scotlan	8 2 Yrs.
	15.	FATHER S NAME WAS DECEASED EVER IN U.S. ARMED FORCES? And, or unknown) [III yes give war ar dates of service) 16. SOCIAL	SECURITY NO. 17. INFORMANT	Address ()
		18 CAUSE OF DEATH (Enter only one cause per line for (a), (b)		Hellowing Puchelson M. - leresis Interval Between phoset AND DEATH - leresis Tensor State - leresis
	11 ON	PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEA	JH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION (GIVEN IN PART I(a) 19 WAS AUTOPSY PERFORMED? YES NO [4-]
	CERT FICAT ON	20g ACCIDENT WAS UNDERLYING OR CONTRIBUTING CICAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	HOW INJURY OCCURRED. (Enter nature of injury in Part I ar	Part II of item 18)
	EDICAL	20c TIME OF INJURY Manth, Day, Year Haur o.m. 19 While at wark	OCCURRED 20e. PLACE OF INJURY (Home, farm, factory, street, office bldg, etc.)	f. (City or tawn) (Caunty) (Stote)
		21. I certify that (I) (this hospital), attended to sow the deceased alive an Cost 26.	1966, and that death occurred of 5 3 MED.	, to Norte, 1966, that (I) (we) las _M, fram causes and on the date stated above
		22c. PHYSICIAN'S NAME(Type)	M.D. PHYS DIRECTO	Cedar Lune, Bekescy.
1	E	BJRIAL, (REMAT ON, 236 DATE THEREOF 230 PERMOVAL TSPECIFY) FUNERAL DIRECTOR	NAME OF CEMETERY OR CREMATORY 17. Clivet ADDRESS 250. RECD BY REG	LOCATION (City or Town) (County) (Store)
	24	Jalanual Fred Hans	Fredrick Ind DATE NOV 9	1986 Icharles Judge



Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

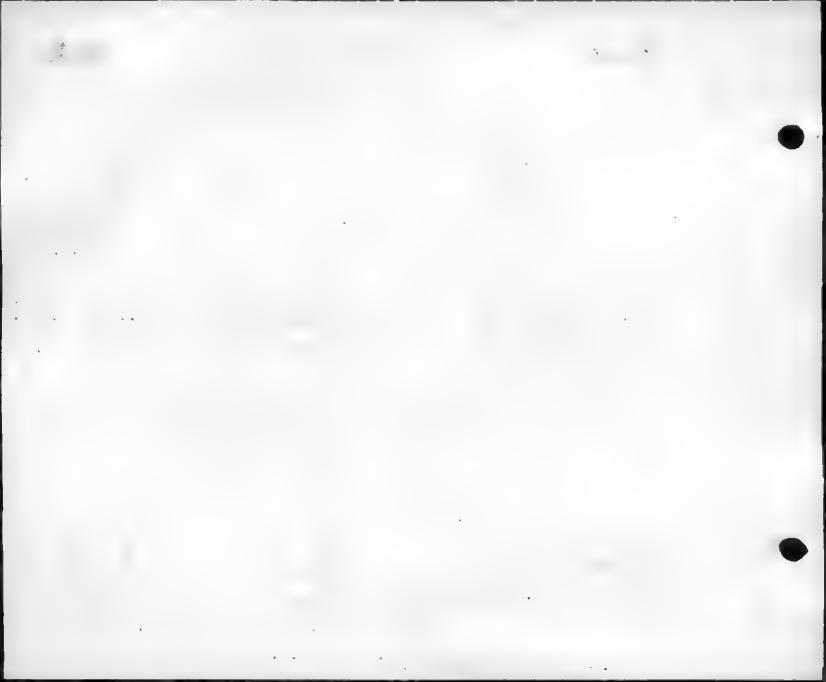
		15842	CERTIFICAT	E OF DEATH		15845
1		PLACE OF DEATH a. COUNTY		2 USUAL RESIDENCE (Where	e deceosed lived, if institution b. COUNTY	Res dence before admission)
Å	1	Montsonie 25	MARYLAND	MARL, GAC	17Km	Kenziny'
er.		b CJY OR,TOWN (If outside surparate limits, write RURAL and give nearest town)	C LENGTH OF STAY IN 16	1 /	corporate 1 mits, write RURAL	gpd give πearest +dwn)
	1.	De thesaa	7HKS	Dilleric y	1/16	15.1
72		d NAME OF HOSPITAL OR INSTITUTION (If not in h	ospitol, give street oddress)	d STREET ADDRESS	-11-1	e 15 RESIDENCE ON A FARM?
2. 1		achothan trespita	7/		will Kond	YES NO IX
		NAME OF First DECEASED	Middle	DATKER 4	OF Month	Day Year
	_	(Type or print) / (O £ 11 A) SEX / 6 COLOR OR RACE 7 M	ARRIED DX NEVER MARRIED	8. DATE OF BIRTH	9 AGE (n years IF	UNDER 1 YEAR 1F UNDER 24 HRS
/	17	20/0 11.5/	DOWED DIVORCED	3-17-00		anths Doys Haurs Min
	100 duri	USUAL OCCUPATION (Give kind of work done ing most of working life, even if retired) aint Manufacturer	10b KIND OF BUSINESS OR INDUSTRY	1) BIRTHPLACE (County & Sto	ite ar fareign cauntry)	12 CITIZEN OF WHAT COUNTRY 2 . A.
		FATHER'S NAME		14. MOTHER'S MAIDEN NAME		0.0.7
· 1	,,,,	Mordecai Gatker		Bayla Bo		
3	15	WAS DECEASED EVER IN U.S. ARMED EORCES?	16. SOCIAL SECURITY NO. 17.	INFORMANT		11608 Lockwd.
	(Уе	is, no, ar unknown) (If yes give wor or dotes of servi	(e) S-	tephem L. Pa		.,Sil.Sp.,Md.
		Conditions, if only which gove (b) DUE TO Conditions, if only which gove (b) (b) DUE TO Stating the underlying cause (c)	Romcho	neun	nia	1 week
0	NOI	PART II OTHER SIGNIFICANT CONDITIONS CONTRIG	SUTING TO DEATH BUT NOT RELATED TO	THE TERMINAL DISEASE CONDITION	ON GIVEN IN PART 1(0)	19 WAS AJTOPSY PERFORMED?
	CERT FICATION	20g ACC DENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	205 DESCRIBE HOW INJURY OCCURRED	(Enter nature of injury in Part	for Port II of stem 18)	YES NO
	MEDICAL	20c. TIME OF INJURY Month, Day, Year Hour a.m. p.m. 19		ACE OF INJURY (Home, form, ctory, street, affice bldg , etc.)	20f (City at town)	(Caunty) (State)
		21 I certify that (I) (this hospyta)		C1012es 19	6(210_ West	, that (I) (we) last
		saw the deceased alive on	30 (619, ond the	at death accurred at <u>5</u>	$\frac{24}{12}$ M, from causes one	d on the date stated above.
		220 SIGNATURE RESIDENTIAL	apiro "		CTOR STAFF	22b., DA/E S.GNED / 6 6
1		NAME (Type) Jay N. Sha	oiro	22d ADDRESS		11
1	230	BURIAL, CREMATION, 236 DATE THEREOF	23c NAME OF CEMETERY OR	CREMATORY	23d. LOCATION (City or Town)	(Caunty) (State)
		BUTIATION 12/1/66				, Virginia
	24	FUNERAL DIRECTOR	ADDRESS 3501	-14 th 250. REC'D BY	REGISTRAR 2Sb REGIST	RAR'S SIGNATURE
	Ве	rnard Danzansky &	Sons St., N.W.	Wash. DEC	1 1966 /	charles judge.

TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physicion and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove corbon papers. Pages 1 and should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours offer deal VR A15 (4) 28 M 1/66

TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours ofter death.

Page 4 may be retained by the hospital or attending Ehysician.

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pertificate be executed within 24 hours after death.

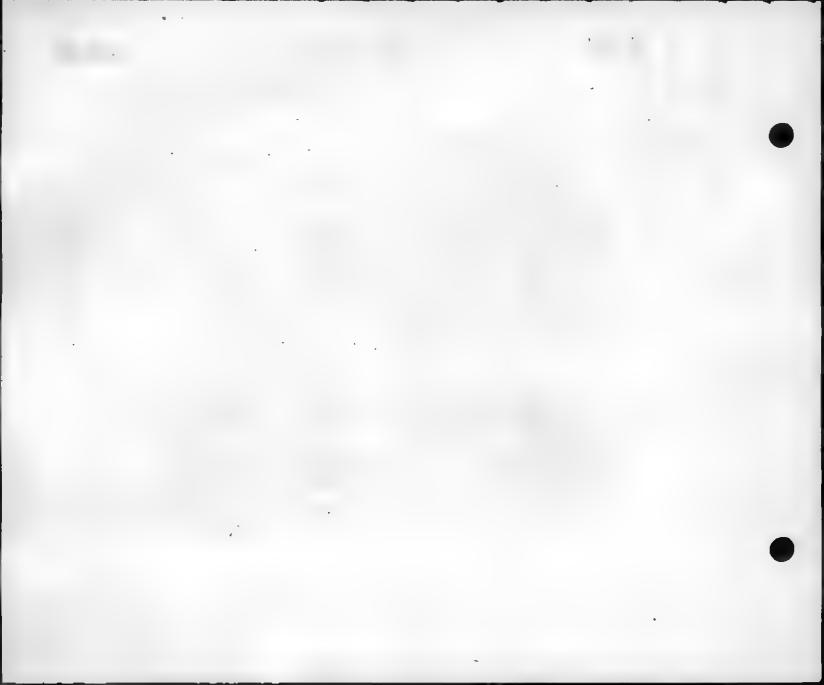
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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

13841
1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, 11 institution: Residence before admission a. COUNTY a. STATE b. COUNTY
MARYLAND 6. CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 1b prite RURAL and give nearest town) C. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town)
d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS (e. IS RESIDENCE
Washington Sanitarium & Hospital 3333 University Blud w YES NO
3. NAME OF FIRST MIDDLE Last 4. DATE Month Day Year DECEASED OF
(Type or print) LSabelle NMN GERSTEN FELD DEATH NEVERBER! 11 1966
Past birthday) Months Days Hours Min
10a. USUAL OCCUPATION (Give kind of work done) 10b. KIND OF BUSINESS OR /11. BIRT HPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT
during most of working life, even if retired) INDUSTRY Pennsy / Va. nnia "USM."
13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME
Sam Weiss Blanche
15. WAS DECEASED EYER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address (Yes, no, or unknown) (If yes give war or dates of service)
18 CAUSE OF DEATH (Enter only one cause per line for (a) (b) and (c) 3
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) DUE TO
Conditions, If any, which } (b)
gave rise to Immediate cause (a), stating the DUE TO
underlying cause last.) (c) (C) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIDUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPS
PERFORMED? YES NO
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIDUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) PERFORMED? YES NO DESCRIBE HOW INJURY OCCURRED. (Enter nature of Injury in Part I or Part II of Item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, bour a.m. 4 While at work
21. I certify that (I) (this hospital) attended the deceased from 17 19 66, that (I) (we) la
saw the deceased alive on 10 19 66, and that death occurred at 6 M, from the causes and on the date stated above 22a. SIGNATURE
MD. ATTENDING MED. STAFF 10/11/66
22c. PHYSICIAN'S NAME (TYPE) OR'LS RABKIN M.D 22d. ADDRESS 10 (9 University Blod East
238. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) (State) TRIMOVAL (Specify) 11-13-66 NATIL. NEW TALK FALLS CHURCH. LA
24. FUNERAL OIRECTOR ADDRESS 258. REC'D BY REGISTRAR 25b. REGISTRARY SIGNATURE NOV 1 4 1956 Funeral Stranger
Charles St. F. o. you although 13 1 2 - Day of a DATE

VR #15 (4) 20M 1/65



MARYLAND STATE DEPARTMENT OF HEALTH
Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

1584	Z.		CERTIFIC	CATE	OF DEATH				15	5847
1 PLACE OF DEATH o. COUNTY	gomery		MARYLA		USUAL RESIDENCE (V o. STATE Maryland			ton Residence		lmiss on)
6 CITY OR TOWN	(If outside corporate limi	ts, c	LENGTH OF STAY IN 1		CITY OR TOWN (H ou					wn)
write RURAL a	nd give neorest town)		3 week		Kensing				15	1
A NAME OF HOSE	TAL OR INSTITUTION (IF I	ot in hospital give		- 1	STREET ADDRESS	COIL			T e is	RESIDENCE
	Cross Hospi		311001 00010333		11009 Ma	dison	Street		YES	N A FARM? ☐ NO [3¢]
3 NAME OF	í í	ust	Middle		Lost	4 DATE	Moi	1th	Doy	Year
DECEASED (Type or print)	Don	ald	F.	Ginde	ele	OF DEATH	11-		5	19 66
S. SEX	6. COLOR OR RACE	7. MARRIED	NEVER MARRIED	8 0	ATE OF BIRTH	9	AGE (In years	IF UNDER 1		UNDER 24 HRS
Male	White	WIDOWED [DIVORCED		11-7-02		lost birthdoy) 63 yrs	Months	Doys H	lours Min
100 USUAL OCCUPAT O	ON (Give kind of work doning life, even fretired)		OF BUSINESS OR	w	I BIRTHPLACE (County		ohu		ZEN OF WE NTRY?	HAT
13. FATHERS NAME		1.	4	14	MOTHER'S MAIDEN I	NAME				
Hern	ren	Dinde	le_		Berry	ha 5	Tulter	1		
15 WAS DECEASED F	VER NUS ARMED FORCES' (If yes give wor or dates		AL SECURITY NO	7 INFO	Leone	Den	delc (Prymi	- 01-	#2)
PART I. DE	ny, which gove) ote couse (o), ((o) Bi	111		Pneumoni	8		2	ONSET	AL SETWERN AND DEATH Lay
lost	John Mills (1985)	(c)C	analimad.	Hoda	cina Disca				1 x	za ar
PARY 11 OTHER	SIGNIFICANT CONDITIONS						I IN PART 1(o)			S AUTOPSY REORMED? NO
OR CONTRIBUTION	/AS UNDER YING □ IG □ CAUSE OF DEATH Y MEDICAL EXAMINER)	20b. DESCRI	BE HOW INJURY OCCU	JRRED. (Ent	er noture of injury in	Port I or Port	11 of item 18)			
Hour o	о.п. 19	White of work	Not While	foctory,	F INJURY (Home, form street, office bldg., etc.)		(City or town)	(Con		(Stote)
	tify that (I) (this ha	spital attended	the deceased from 19 6 6 , an	am <u>~/</u> d that d	eath accurred at	9 (6, to	, fram causes			(I) (we) la tated abav
220 SIGNATUR		Richar	Exec	M D	ATTENDING PHYS	MED. DIRECTOR	STAFF (22b. DA	IL SIGNED	26
22c. PHYSICIAN NAME (Typ		(X.RI	CH ARD SO	N	22d ADDRESS 11412	1/2/13	MILL	RD. U	HEAT	TOW, M
230 BURIAL, CREMA' REMOVAL (Speci	IL NOV 8	- 41	arlingto		itunal	525	ATION (City or T	T. B	Colinty)	(Stote)
24 FUNERAL DIRECT	Store 201	Corelle	ADDRESS)	11		BY REGISTRA	1966	registrar's sie		Judge

TO HOSPITAL OR ATTENDING PHYSICIAN: Th≡ law requires that the d≡ath certificate be execute⊪ within 24 hours after Ze≡th. Page 4 may be retained by the hospital ar attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the funeral director, page 3 shauld be detached far use as the burial-transit permit. Then please remaye carbon papers. Pages 1 and should be filled with the State Dept. of Health prior to burial, cremation, or removal, and in any eyems, within 72 haurs after data

VR A15 (4) 20 M 1/66 DIVISION OF VITAL RECORDS, PRESTON, STREET, BALTIMORE, MARYLAND 21201

1584	35	JUM)	CERTIFI	CATE	OF DEATH				158	48
1 PLACE OF DEATH					2. USUAL RESIDENCE (Where decease			e before a	dmission)
D. COUNTY MO	ntgomery		MARYE	AND	o. STATE	~ h. *	b. COUN	D.C	1.	
b CITY OR TOWN	(tf outside carparate limit	5,	c LENGTH OF STAY IN		C CITY OR TOWN (IF OU		e bmits, write RUR			iwn)
	d give nearest tawn)				Machine	rt on	,	ŭ		•
Takoma	TAL OR INSTITUTION (If no	t in bornito	ave steed oddross)		Washing	guon		, ,		DEC DEMCE
-										RES DENCE
	<u>on Sanitari</u>	um & H	ospital		637 Dahl:	La_St	N.W.		YES	NO №
3 NAME OF DECEASED	F	rst	Middle		Lost	4 DATE OF	finoM	1	Day	Year
(Type at pnnt)	Elizabeth		Joanne		Gnat	DEATH	Novemb	per	24	19 66
S SEX	6 COLOR OR RACE	7 MARRIED	NEVER MARRIED	X	DATE OF BIRTH	9	AGE (In years	IE UNDER 1		UNDER 24 HRS
Formia	White	WIDOWED	DIVORCED		11-24-66		last birthday)	Months	Days 1	lours Min.
Female 10a USUAL OCCUPATIO	N (Give kind at work done	10b K	(IND OF BUSINESS OR		11 BIRTHPLACE (County	& State or fare	<u> </u>	1 12 CIT	IZEN OE W	HAT
during most of working			NDUSTRY				g.,, /,		NIRY?	
13. EATHER'S NAME	ob-al- V6		р		Mary.			0	O A	
	Taura Omah						C to non a surale			
	James Gnat				Katherine	Mary				
15 WAS DECEASED EV	ER IN U.S. ARMED FORCES?	f service) 16	SOCIAL SECURITY NO		NFORMANT		Addre	22		
No	(If yes give war or dotes	7	None	1	Father		same			
18 CAUSE OF B	EATH (Enter anty one cou	se per line fa	r (a), (b), and (c))			70				AL BETWEEN
PART I DEA	TH WAS CAUSED BY	. Bila	ateral subar	rach:	noid hemorr	hage			CANSET I	AND DEATH
,	DUE DUE				110-4 11011011		-		-18 '	UUI A
Conditions, if one			oninted with		nlead danna					
rise to immedia	te cause (a), DUE		ciated with	I IIIa	nvera defendes	86 111	platlet	C		
stating the unde	orlying cause	10								
last.	,	(c)								
PART I OTHER S	ignificant conditions o	ONTRIBUTING	TO DEATH BUT NOT RELA	TED TO T	HE TERMINAL DISEASE CO	NDITION GIVEN	H PART 1(a)		19 WA	S AUTOPSY REORMED?
SO ACC DENT WAS									YES	
置 200 ACC DENT WA		20b D	ESCRIBE HOW INJURY OF	CURRED (Enter nature of injury in	Part I or Part	II of item 1B)			
OR CONTRIBUTING	G □ CAUSE OE DEATH ' MEDICAL EXAMINER)									
7	URY Month, Day, Year	20d	INJURY OCCURRED T	20e PLAC	E OF INJURY (Hame, farn	n. 20f	(City or town)	(Cou	nty)	(State)
Hour a.	m.	White	e Nat While		ary, street, office bldg., etc		,,	,	-,,,	(,
9.			rk 🗀 at wark 🔲		10 1/1		11/21/6	6 10) .	//\ / \ \ /
21. I cert	fy that (I) (this bes	pysyl) after	ided the deceased t	ram	death accurred at	3+10Pu	11/21/6	0, 19	, that	(I) (we) lo
	eceased alive an_	1/24/0	00 19 , 0	nd that	death accurred at	January,	fram causes o			tated abay
22a S-GNATURE		- Y	1		ATTENDING -	MED ,	STAFF	226 DA	TE SIGNED	
_	/ Olver/	K. A	one be now	M D	PHYS IN	DIRECTOR 1	PHYS L			
22c PHYSICIANS	Robert Kri	c bmar	мъ		7733 A1a	ska A	ve. N.W.	Wash:	ingto	n D.C.
NAME (Type	Monere Kil	C LILITET 9	II. D.		1700 11-01				0	
230 BURIAL, CREMATI		EREOF	23c NAME OF CEMET	ERY OR	CREMATORY	23d LOC	ATION (City or Tav	vn)	(County)	(State)
REMOVAL (See of		6 1966			Cemetery	1	man Hil		3	Md
24 FUNERAL DIRECTO			ADDRESS			D. BY REG STR		GISTRARA SI	GNATURE	A
	el Bros Inc	1800		itre		101 3 1	8 1956	Icho	neg	udge

DATE

The Dippel Bros Inc 1800 E Lombard Street

TO HOSPITAL OR ATTEMBING MIYSICIAN. The law requires that the douth certificate be executed within 24 haurs after death. TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached far use as the burial-transit permit. Then please remaye carbon papers. Pages I and should be filed with the State Dept of Health priar to burial, cremation, or removal, and in any event, within 72 haurs offer deals Page 4 may be retained by the haspital ar attending physician.

VR A15 (4) 25M 1/67



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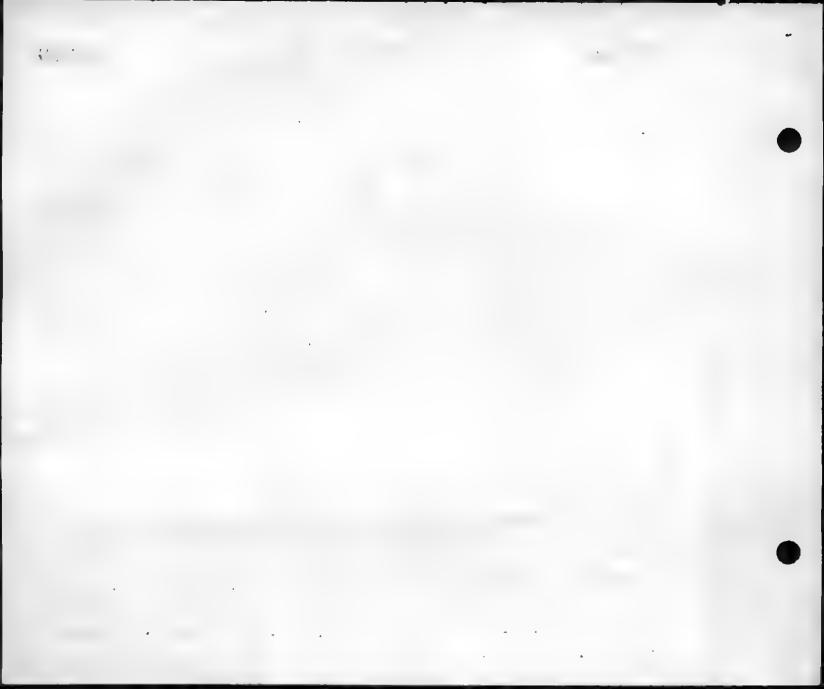
TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 haurs after death.

Page 4 may be retained by the hospital or attending physician.

TO FUNERAL LINECTOR: After this certificate has been signed by the attending physician and campietely filled in by the funeral director name 3 should he detailed for use as the buriel-transit permit. Then blasse remove carbon pages. Pages 1 and 2

VR A15 (4) 20 M 1/66

15846	CERTIFICATE	OF DEATH		15849
PLACE OF OEATH O. COUNTY	MARYLANO	o STAJE	Where deceased lived, if institution b COUNT	Y
b CITY OR TOWN (If outside corporate limits	C LENGTH OF STAY IN 16	CITY OR TOWN (If ou	tside corporate limits, write RURA	AL ond give nearest fown)
write RURAL and give nearest Yown)	DOA	CiHevy	Chase	15.,
d NAME OF HOSPITAL OR INSTITUTION (If not in hospital,		d STREET ADDRESS		B IS RESIDENCE ON A FARM?
QU QU NOA!	spital	3516. 3	- 1 N	YES NO
NAME OF OECEASEO (Type or print) AZUARD &		lost	OF OEATH Month	19.
S SEX 6 COLOR OR RACE 7 MARRIED WHITE WIOWED	ACTER MARKETO	5-4 + 17 18 96	9 AGE (In years lost birthdoy) 7/ yrs	Months Ooys Hours Min.
10b K Joya CCL PATION (Give kind of work done lob K during most of working life, even if retired)	OND OF BUSINESS OR NOUSTRY	11 BIRTHPLACE (County	& State, or foreign country)	12 CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME	0 477.31	14. MOTHER'S MAIDEN		
VAINES L. Godfrey		LAGEA	Champ, on	
(Yes no ocupknown) (If yes give wor or dates of service)	SOCIAL SECURITY NO 17. 1 16-44-4/30-2	NFORMANT	Addres	s - Million
18. CAUSE OF DEATH (Enter only one couse per line fo PART I DEATH WAS CAUSED BY- IMMEDIATE CAUSE (o)	(o), (b), ond (c))	MIDIAC I	NEARCTION	INTERVAL BETWEEN ONSET AND CEATH
SUCIO OUE TO	0 000000 100	ADT	75	5424
Conditions, if any, which gave (b) (b) OUE TO	CCKONTING	TIRKERY	DS	5 1-8445
stoting the underlying cause (c)	·			
PART II OTHER SIGNIFICANT CONDITIONS CONTRIBILING	TO OFATH BUT NOT RELATED TO	THE TERMINAL DISEASE CON	NOITION GIVEN IN PART 1(0)	19 WAS AUTOPSY PERFORMED? YES \ NO \
OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	ESCRIBE HOW INJURY OCCURRED.	(Enter noture of anjury in I	Part I or Port II of item 18)	
Hour o.m. While		CE OF INJURY (Home, form ory, street, office bldg., etc.)		(County) (State)
21. I certify that (I) (this hospital) atter	ided the deceased from		9, to Detilla 1/2 2 A.M., from causes of	nd on the dote stated obave
220. SIGNATURE Lecle A-d/B	Peril, M.	D. ATTENDING X	MED. STAFF DIRECTOR PHYS.	22b OATE SIGNED 22-66
22c PHYSICIAN'S RICHARD B	PERKY UD	22d_AODRESS	ex st niw.	WASH DC
230 BURIAL (REMATION, BERMOVAL (Specify) 11-28-66	23c NAME OF CEMETERY OR		23d. LOCATION (City or Town	n) (County) (Stote) Virginia
24 FILLERAL DIRECTOR	Arlington N	2So. REC'E	BY REGISTRAR 29b. REG	ISTRAR'S SIGNATURE
ROBERT A. PUMPHREY, B	ethesda, Mar	yland DATE N	10V 3 0 1956	Minter Judge



MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

	15847 CERTIFICATE OF DEATH 15850								
1.	PLACE DF DEAT a. COUNTY	Н		-		(Where deceased lived, If Institut	on: Residence before admission)		
	MONT	GOMER	y	MARYLAND	a. STATE MARYLA	MO MO	NT-GOMERY		
	b. CITY OR TOV write RURAL	VN (if outside corpora , and give nearest to		NGTH OF STAY IN 11	c. CITY OR TOWN (If or	itside corporate limits, write R	URAL and give nearest town)		
	DETHE	6 bz	11-	12-1966	LINGE	V HILL low	ERS //		
6	a. NAME OF HU	SPITAL OR INSTITUTION	ON (if not in hospital, そみだ がっ かっゃ	n <i>€</i>	d. STREET ADDRESS	s HILL ROAD - BA	e. IS RESIDENCE ON A FARM?		
		BINGE /IL L		20=16	II.		YES NU		
3.	NAME DE DECEASED	Kini	First	Middle C		4. DATE Month	Day Year		
5.	(Type or print) SEX	6. COLOR OR RACE	17 MAPPIED NI	EVER MARRIED	8. DATE OF BIRTH	19. AGE (in years LIFU)	19 6 6 NDER 1 YEAR IN UNDER 24 HRS.		
	M	\w/	WIDOWED A	DIVORCED	7-19-190	last birthday) Mon	ths Days Hours Min.		
10	a. USUAL OCCUPA	TIDN (Give kind of work	kdone 10b, KIND OF	BUSINESS OR		1 65 yrs. 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	12. CITIZEN OF WHAT		
QU	DENTIST DRIVATE WISCONSIN COUNTRY? U.S.A.								
13	13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME								
	TAME	S H. G	OGGINS	3	JOHANN	A KING			
	5. WAS DECEASED es, no, or unkown)	EVER IN U.S. ARMED FI (If yes give war or dates)	DRCES? 16. SDCIAL of segrice)	SECURITY NO. 17	. INFORMANT	Address 7	624 DEW WOOD DR		
	NO	NON	E ONKA	YOUN =	OMN F. GOG	GING (SON) A	POCKYILLE, MD.		
		DEATH [Enter only or EATH WAS CAUSED BY	11	(a), (b), and (c).]			ONSET AND DEATH		
	, , , , ,	IMMEDIATE CAUSE	(a) TTea	VY Jaile	ve_		1day		
	Conditions If	Conditions, If any, which) DUE TO Conditions, If any, which)							
	gave rise to	- geers							
	cause (a), s underlying cau	5 years							
LION	(*)								
FICA						YES NO			
CERTIFICATION	OR CONTRIBUT (IF EITHER, NO	WAS UNDERLYING T ING CAUSE OF DEA TIFY MEDICAL EXAMI	20b. DESCRII ATH INER)	BE HOW INJURY OC	CURRED. (Enter nature of I	njury in Part I or Part II of Ite	m 18.)		
MEDICAL		INJURY Month, Day,	Year 20d. INJURY		ACE OF INJURY (Home, farm	20f. (City or town)	(County) (State)		
MED	Hour a. p.	m. 19		t While	tory, an ear, onice pieg., ere.	"			
	21. I certi	fy that (I) (this hos	pital) attended the	deceased from_	Sept , 190	5, to how 12,	1966, that (I) (we) last		
	saw the de	accino a map to on.	hovs	1966, and th	at death occurred at 7	M, from the causes and			
	ZZa. SIGNATO	920 Jh	28000		D. ATTENDING ME	D. STAFF	DATE SIGNED		
	22c. PHYSICIAN'S								
NAME (Type) T. E. FITZGERALD 3750 Keservoir Rd N.W									
23a. BURIAL, CREMATION, 23b. PATE THEREOF, 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) (State)									
24. FUNERAL DIRECTOR SCADENESS GH. AVE. 1250. REGISTRAR 250, REGISTRAR'S SIGNATURE 10/10/10/10/10/10/10/10/10/10/10/10/10/1									
1	W. W. CHAMBERS CO. SINVER SPRING HD DATE 14 1966 If Charles Judge								

VR AI5 (4) 20M 1/65

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2, should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after deafth.

THE HERITAL DRAFFINE HYSDIAN THE THE THE TREATHER THE GENTH CERTIFICATE HE EXECUTED WITHIN 24 NOURS After Leath, Page 4 may be retained by the hospital or attending physician.

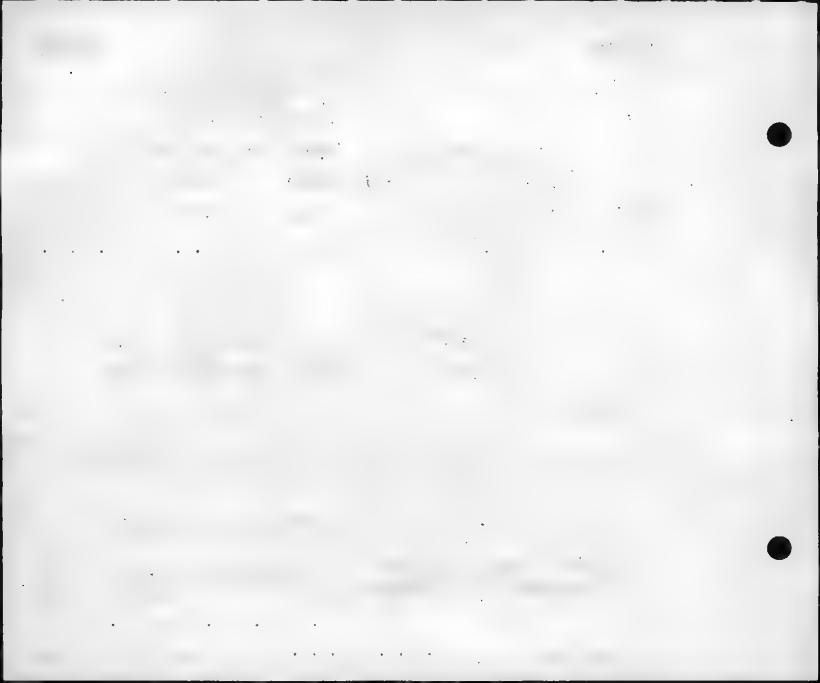


FOR STATE-

cessary, me funeral 5 may be TO DEPUTY MET. EXAMINER: This certificate should be executed within 24 hours after death. If any delay please execut. — certificate, writing the word "bending" in pencil in item 18. Give Pages 1, 2, and 3 therefore. Page 4 should in form PM3. Page 5 retained for your files.

MARYLAND STATE DEPARTMENT OF HEALTH
Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

15848 MEDICAL EXAMINER'S	CERTIFICATE OF DEATH
1. PLACE OF DEATH 8. COUNTY M LOOM DE 1.	2. USUAL RESIDENCE (Where deceased lived, it institution: Residence beggin advalsslop) 3. Slave
b. CITY DR. TOWN (II diside corporate truits, C. LENGTH OF STAY IN 1b	c. CITY DR TOWN (IV outside corporate limits, write RURAL and give nearest own)
A NAME OF HOSPITAL OR INSTITUTION (If not in nospital, give street address)	d. STREET ADDRESS 0. IS RESIDENCE
Wish. San. & Hosp.	7401 New Hampshire VES NO NO
3. NAME OF DECEASED (Type or print) PHILIP GOL	DBERO DEATH OLD 1966
5. SEX 6. COLDR OR RAGE 7. MARRIED NEVER MARRIED DIVORCED DIVORCED	8. OATE OF DIRTH 9. AGE (In years FUNDER 1 YEAR FUNDER 24 HRS Hours Min. 4/21/11 53 yrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) 10b. Kind DF Business DR INDUSTRY	11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY?
Rate Off. So. Railwy.	Washington, D.C. U. S. A.
William Goldberg 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17.	Elizabeth Gross INFORMANT Beladdaville, Md.
Yes WWII Fr	ed Goldberg 11256 Evans Trail
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), end (c) PART I. DEATH WAS CAUSED BY:	INTERVAL BETWEEN DNSET AND DEATH
IMMEDIATE CAUSE (a) LCCCCC	ronary Ansufflicioney
Conditions, If any, which) OUE TO Coronary (Poter Heart Disodo.
gave rise to immediate cause (a), stating the OUE TO	+
underlying cause fast. (c)	ATTO VO VICE TO MINAL DISCASS ADMINITING OVER IN CARY LAND. AND ANALYSIS OF THE CONTROL OF THE C
PART II. DTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT REL	PERFORMED? YES ND
2Da. EXTERNAL CAUSE WAS 2DD. DESCRIBE HOW INJURY OCC PRIMARY OF CONTRIBUTING CAUSE OF DEATH.	URRED. (Enter nature of Injury In Part I or Part II of Item 18.)
	ACE DF INJURY (Home, farm, ory, street, office bldg., etc.) 2Df. (City or town) (County) (State)
21. I certify that I took charge of the remains described above, he	ld an Autopsy 🔲 , Inspection 💢 , Inquiry 💢 , and in my opinion
death resulted from: Natural causes Accident , Su	icide, Homicide, Undetermined manner
SIGNATURE/ DELEVEN/ Class	M.D. ASSISTANT MEDICAL EXAMINER
EXAMINER'S BELDEN R. REAR, M	D, Address (Street, City, Town, or county) Och, 8, 1966
23a. BÜRIAL CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETER BUDITIAL (Specify) 11/10/66 Kind David	Y DR CREMATORY 23d. LDCATION (City, town or county) (State) Mem. Gard. Cem. Falls ChVa.
24. FUNERAL DIRECTOR ADDRESS 3501	-14th 258. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE
Bernard Danzansky & Sons St., N. W. Wa	Sh.D. CHATE NOV 10 1966 golianles Judge

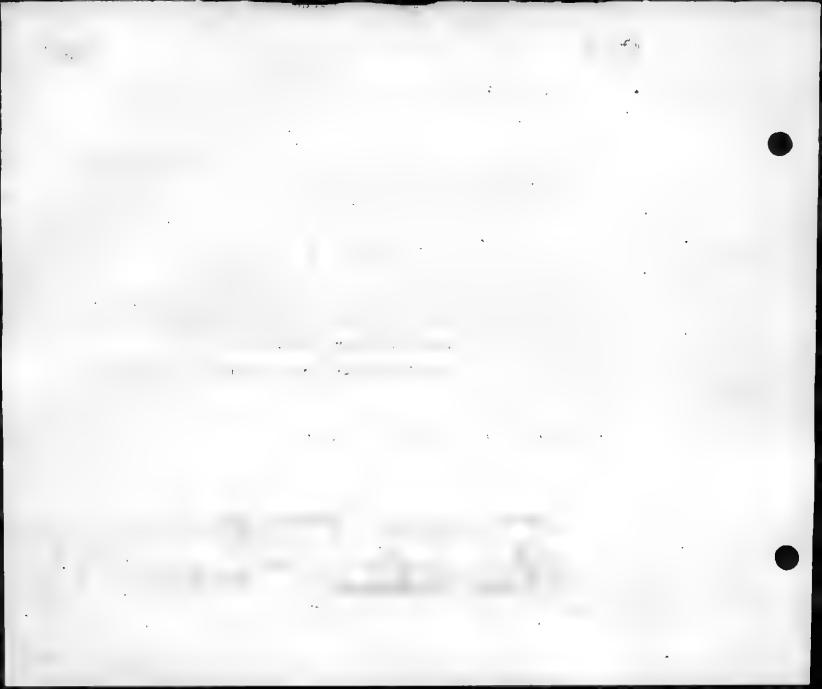


TO MOMENTAL OR MITENDING PREVIOUS FREEN. The lam requires that the death certificate be executed within an noum after death. Page 4 may be retained by the hospital or attending physician. TO FUNERAL DIRECTOR: After this certificate has been signed by the attending mysician and committeely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filled with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death the state Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death to be a state of the state Dept.

VR AI5 (4) 20M 1/65

	MARYLAND STATE DEPARTMENT OF	HEALTH
DIVISION OF STATISTICAL	RESEARCH AND RECORDS, 301 W. PRESTON	STREET, BALTIMORE 1, MARYLAND
45010	CEDTIFICATE OF DEATH	10000

	I5849	GERTIFICATE O	DEATH	_19852				
1.	PLACE OF DEATH a. COUNTY		USUAL RESIDENCE (Where deceased lived, If Institution	n: Residence before admission)				
	a. Gourti	William and the first than the second second	a. STATE b. COUNTY	· (
-	b. CITY OR TOWN (CITY OR TOWN (If outside corporate limits, write RU	RAL and give nearest town)				
	SILVE	CR SPRING 17hRC	HURTTSUILLE					
	d. NAME OF HOSPI	TAL OR INSTITUTION (If not in hospital, give street address) d. S	STREET ADDRESS	e. IS RESIDENCE ON A FARM?				
=	HOL	CROSS HOSP. 165	516 20 TA AUE, GREEN M	CALCUSTES NO DE				
3.	DECEASED	First Middle	Last 4. DATE Month	Day Year				
-	(Type or print)	COLOR OR RACE 17 MARDIED Z NEVER MARDIED Z 8. DA		7 19 66				
, ,		A TOWNKIED A STEVEN MARKIED	ATE OF BIRTH 9. AGE (In years IF UNI					
10	a IISHAL DOCUMATION	WIDOWED DIVORCED WORK done 1 JOhn WIND OF DUDINGERO OR	2107 62 yrs.					
ďű	10a, USUAL OCCUPATION (Cive kind of work done during most of working life, even if retired) 10b. KIND OF BUSINESS OR during most of working life, even if retired) 12. CITIZEN OF WHAT COUNTRY?							
13	FATHER'S NAME	c streyward cry.		us				
	₩ PPC	Mandella	MOTHER'S MAIDEN NAME					
1	5. WAS DECEASED EVE	RINU.S. ARMED FORCES? 16, SOCIAL SECURITY NO. 17, INFOR	RMANT Address					
(Y	es, no, er unkown) (If	yes give war or dates of service) 243 07 7109 for	ely Goodwin	2				
-	I 18. CAUSE OF DEA	ITH [Enter only one cause per line for (a), (b), and (c).]		I INTERVAL BETWEEN				
	PART I. DEATI	H WAS CAUSED BY:	failura	ONSET AND DEATH				
	100	The state of the s	Tattore					
	Conditions, if any	which \ Arteriosclerotic	heart disease					
	gave rise to im	mediate (DUE TO						
	cause (a), stating the DUE TO							
\$		ASE. J (C)	O THE TERMINAL DISEASE CONDITION GIVEN IN PART 1	(a) 119. WAS AUTOPSY				
CERTIFICATI		onchogenic carcinoma (right upper		PERFORMED?				
1	20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part or Part of Item 18.)							
	(IF EITHER, NOTIF)	GAUSE OF DEATH						
MEDICAL		Enghary of	INJURY (Home, farm, 20f. (City or town) (est, office bldg., etc.)	(County) (State)				
· G	Hour a.m. p.m.	19 While Not While at work	ear, onice progr., exc.,					
	21. I certify ti	hat (I) (this hospital) attended the deceased from	anuary 1963 to 11-7, 19	(a that (I) (we) last				
1	saw the decea	sed prive on						
4	22a. SIGNATURE 22b. DATE SIGNED							
	OO DINGLO LA NIL		TENDING MED. STAFF	-7-66				
	22c. PHYSICIAN'S NAME (Type)		2d. ADDRESS 800 FERSHING.	GARIVE				
23.	23a. BURIAL CREMATION (23b. DATE THEREOF 23c. NAME OF CEMETERY OR GREMATORY 23d. LOCATION (City, town or county) (State)							
	threat NN. 10, 1966 new marshword Without M. C.							
24	24. FUNERAL DIRECTOR 3605 - ADDRESS L JULIU 250. REGISTRAR 25b. REGISTRAR'S SIGNATURE							
7	hank Du	endon a mart com	DATE NOV 1 0 1966 PCL	inveley Judge				



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH 15850 dectal requires that the death certificate postecuted within 24 hours after death campletely filled in by the funeral-lave carbon papers. Pages 1/and USUAL RESIDENCE (Where deceased lived, if institution. Residence before admission) PLACE OF DEATH b COUNTY Mortgomery o. COUNTY o STATE Maryland Montgomery MARYLAND ve carbon papers. Pages 1 event, within 72 hours after CLENGTH OF STAY IN 10 c CITY OR TOWN (If outside corporate limits, write RURA, and give nearest town) b CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Silver Spring, Md. DOA Silver Spring, d NAME OF HOSP TALL OR INSTITUTION (If not in hospital, give street address) d STREET ADDRESS IS RESIDENCE ON A FARM? 1220 East West Hwy. □ NO X Holy Cross H spital YES NAME OF DATE DECEASED 13 19 66 Alice Gordon November (Type or print) JF UNDER I YEAR 9. AGE Hn years S SEX 6. COLOR OR RACE 8 DATE OF BIRTH 7 MARRIED **NEVER MARRIED** remave last birthdoy) Hours Doys unknown any Female White WIDOWED 12 C.T ZEN OF WHAT 100 USUAL OCCUPATION (Give kind of work done 106 KIND OF BUSINESS OR 11 8IRTHPLACE (County & Store, or foreign country) physician a during most of working life, even if retired)
Housewife INDUSTRY and Russia 14. MOTHER'S MAJDEN NAME 13 FATHER'S NAME or remayal, n signed by the attending phys e burial-fransit permit. Then p a burial, cremation, or remaval. unavailable Jacob Schreiber WAS DECEASED EVER IN U.S. ARMED FORCES? 16 SOCIAL SECURITY NO 17. INFORMANT Son. (Yes, no, or unknown) (If yes give wor or dotes of service Jacob Gordon 1701 Eastwest Hwy. S.S., Md. NO INTERVAL BETWEEN 18 CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) ONSET AND DEATH PART I DEATH WAS CAUSED BY-IMMEDIATE CAUSE (o) **O HOSPITAL OR ATTENDING PHYSICIAN:** The law requires th Page 4 may be retained by the haspital ar attending physician. 4200 DUE TO Conditions, if any, which gove (b) rise to immediate couse (o), **DUE TO** stoting the underlying couse TO FUNERAL DIRECTOR: After this certificate has been director, page 3 should be defached for use as the shauld be filed with the State Dept of Health prior to lost 19 WAS AUTOPSY PERFORMED? PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(o) NO 205. DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Port I or Port II of item 18.) 20o. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH director, page 3 shours we will should be filed with the State Dept of (IF E THER NOTIFY MEDICAL EXAMINER) (Stote) 20d INJURY OCCURRED 20e PLACE OF INJURY (Home, form, (City or fown) (County) 20c TIME OF INJURY Month, Dov. Year foctory, street, office bldg, etc.) Hour om ot work 21. I certify that (I) (this haspital) attended the deceased from. Tules, 1965, to 7 19 66 and that death occurred at 2014. M, from causes and an the date stated above. sow the deceased alive on_ 22b DATE SIGNED 220 SIGNATURE **ATTENDING** STAFF DIRECTOR PHYS 22d ADDRESS 22c PHYS CIAN S NAME (Type 23b DATE THEREOF 23d, LOCATION (City or Town) (County) (Stote) 230 BURIAL CREMATION REMOVAL (Specify) 11-15-66 Ohev Sholom-Talmud Washington. Tdrah 25b REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR Bernard Danzansk Popress and Sons Wa Washi ngtonDC VR A15 (4) 20 M 1/66

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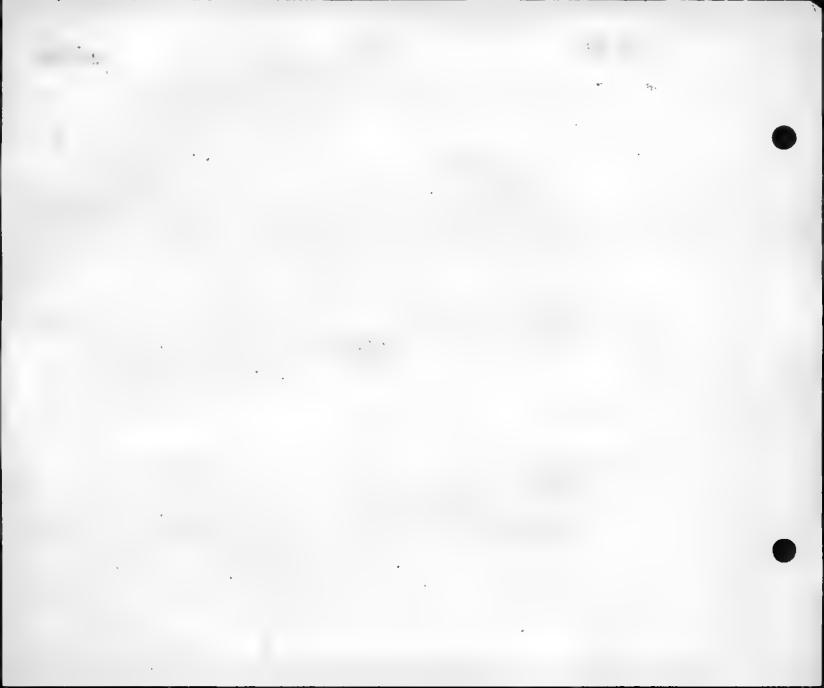
Division of STATISTICAL DESEADCH AND DECORDS 301 W PRESTON STREET RAITIMORE MARYLAND 21201

	15851		CERTIFICAT	E OF DEATH	,	15254
T	PLACE OF DEATH			2 USUAL RESIDENCE (Where deceased lived, I institu	tion Residence before admission)
	o. COUNTY Montgo	0m 0 mm	Alaman Andr	o. STATE	b. (OL	JNTY
-	b CITY OR TOWN (If outside to	omer à	MARYLAND L C LENGTH OF STAY IN 16	L COTY DO TOWN DE -	C	(DAL
	write RURAL and give neares	st town)	C. LENGTH UP STAT IN 18	C CUIT OR TOWN (IT O	utside corporate limits, write RU	JKAL and give nearest iswhi
	Rockville	<u> </u>		Washi	ngton	1.1
	d NAME OF HOSPITAL OR INSTIT	FUTION (If not in hospitor,	give street oddress)	d STREET ADDRESS		e IS RESIDENCE ON A FARM?
	Potomac Vall	ey Nursin	g Home	4100. W	st N W	YES NO
3.	NAME OF	First	Middle	Lost	4. DATE Mor	oth Doy Year
	(Type or print)	phine	D. Grabi	11	DEATH 11. 2	22. 19 66
5	SEX 6 COLOR (NEVER MARRIED	8. DATE OF BIRTH	9 AGE (in years	IF UNDER 1 YEAR 1 FUNDER 24 HRS
	h1 777 •	WIDOWED	DIVORCED T	5.6.1872	last buthday)	Months Doys Hours Min
10	t emale Whi	T.E.	K ND OF BUSINESS OR	7 7 0 7 50 100	8 State, or foreign country)	12 CITIZEN OF WHAT
du	ring most of working the even if re		NUISTRA			COUNTRY?
			ivil Ser	New Jer		IUSA
13	FATHER'S NAME			14 MOTHER'S MAIDEN	NAME	
	Samuel Dur		•	Hannah		
15	es, no, or unknown) ((If yes give v	MED FORCES? 16	. SOCIAL SECURITY NO. 17	INFORMANT	Add	ress
1,		one		Elta E.Gra	hill 3051.To	daho ave N W
	18 CAUSE OF DEATH (Enter		prio) (b), and (c))		/	INTERVAL BETWEEN
	PART I. DEATH WAS CAU	ISED BY:	101100 12	15/1/n(1	cheum mo	ONSET AND DEATH
	I C'T -S	DIATE CAUSE (o)	7	1	1/ 1/	
	Conditions, if ony, which gove	/ '.	10010 mg	un Crandin	Buch me	a 6 1.25.
	rise to immediate couse (o)	(11)	de la long	gracy or	MICHEL MIC	4 / ///.3.
	stoting the underlying couse	DUE TO		′		
	kast) (t)				
I z	PART II. OTHER SIGNIFICANT C	ONDITIONS CONTRIBUTING	TO DEATH BUT NOT RELATED TO	THE TERMINAL DISEASE CO	NDITION GIVEN IN PART 1(0)	19 WAS AUTOPSY PERFORMED? \
15	(Areina	ellell (LA VERUSCLE	216360		YES NO
18	20o ACCIDEM WAS UNDERLYIN	G 🗔 / 205. [DESCRIBE HOW INJURY OCCURRE	(Enter nature of injury in	Port I or Port II of item 18.)	77
18	OR CONTRIBUTING CAUSE OF	DEATH				
MEDICAL CERTIFICATION	20c. TIME OF INJURY Month,	,	INJURY OCCURRED 20e, P	LACE OF INJURY (Home, for	n. 20f (City or town)	(County) (State)
ğ	Hour o.m.	Whi	le Not While f	octory, street, office bldg., etc.		(555.7)
-	рт	19 otwo		Carl I	10/1/11	// 10 11 11
			nded the deceased fram	Clyru,	1906, to 1/1/2/	66, 19_, that (1) (we) la
	saw the deceased a	live an 1/1/	/66 19, and the	nat death accurred a	14110EM, from couses	and an the date stated abov
	220 SIGNATURE	11/18 4	Thurst & Bur	ATTENDING A	MED STAFF	226. DATE SIGNED
	/ Veu	The ele	illegg 1000	M.D. PHYS	DIRECTOR PHYS. L	1/1/22/06
	22c. PHYSICIAN'S	6/10	30000 AA	22d. ADDRESS	note. Ince 5	2 Hoids 1 ml
	NAME (Type) FIEN	RY C.	CKUCCO MIC	1 5413 (edus hane f	16/16/3019 11/S
	o BURIAL, CREMATION, 2:	36. DATE THEREOF	23c NAME OF CEMETERY C	R CREMATORY	23d LOCATION (City of To	own) (County) (State)
	C femaltion	11.23.66	Lee's Cr	omatons.	Washingt	
_	4. FUNERAL DIRECTOR		ADDRESS	2011EG	D -RY PEG STRAP 256 P	PECISTRAR S SIGNATURE
		II 000		1.01	DEY BEG STEAR 255. C	Carles Judge
1 1	ee Funerak	nome 300.	ton st N E W	ash DATE	U	0.0

TO FUNERAL DIRECTOR: After this certificate has been signed by the area of physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit perior. Then please remave carbon papers. Pages 1 and 2 should be filled with the State Dept. of Health prior to burial, crematical, or removal, and in any event, within 72 hours after death. TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death.

Page 4 may be retained by the haspital ar attending physician.

VR A15 (4) 20 M 1/66



Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 15852 CERTIFICATE OF DEATH PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased rived, if institution: Residence before admission) c LENGTH OF STAY IN 1b c CITY OR TOWN (If guitside carparate imits, write RURAL and a ve nearest town) b CITY OR TOWN (If outside carporate imits, write RURAL and give neprest town) 4704 N. Chelsea Lane. 18 mos. d NAME OF HOSPITAL OR INSTITUTION (If not in haspital give street address) d STREET ADDRESS e. IS RES DENCE ON A FARM? Bethesda, Md. NURSING YES NO PA 4 DATE 3 NAME OF First Middle Month Year DECEASED 19 66 Nov. 5 SEX AGE (In years 1 YEAR F UNDER 24 HRS 6 COLOR OR RACE 7 MARRIED **NEVER MARRIED** DATE OF BIRTH birthday) June 22,1887 white Malle WIDOWED 12 CITIZEN OF WHAT 10b. KIND OF BUSINESS OR 33 BIRTHPLACE (County & State, or fareign country) 10g USUAL OCCUPATION (Give kind of work done COUNTRY? during most of working life, even if retired)
Retired-Govt. Illinois Govt. 13 FATHER'S NAME 14. MOTHER'S MAIDEN NAME JOSHUA GRAVES ROST PERRY 17. INFORMANT IS WAS DECEASED EVER IN J. S. ARMED FORCES? 16 SOCIAL SECURITY NO (Yes, na, ar unknown) ((If yes give wor or dates af service Corinne T. Graves 4704 N. Chelsea INTERVAL BETWEEN IB CAUSE OF DEATH (Enter only one cause per one far (a) ONSET AND DEATH PART I DEATH WAS CAUSED BY-IMMEDIATE CAUSE (o) Candit ans, if any, which gove rise to immediate couse (a), DUE TO stating the underlying couse WAS AUTOPS PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(o) PERFORMED? NO N 20g ACC DENT WAS JNDERLYING [20b, DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 1B.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER 20e PLACE OF INJURY (Hame, farm, (City or town) (County) 20c TIME OF INJURY Month, Day, Year 20d INJURY OCCURRED (State) Hour a m Not While factory, street, affice bldg., etc.) ot work he deceased fram , 1967 ta 17 100, 1966 that (1) (See) last 1964 Gand that death accurred at 620 M, fram causes and an the date stated above. I certify that (1) (this haspital) attended the deceased from saw the deceased alive an 220 SIGNATURE 22b. DATE SIGNED DIRECTOR 22d ADDRESS 22c / PWYSICIAN Bradley Blvd., Chevy Chase, Mc NAME (Type) HORACE W. BERNTON

TO FUNERAL E 20 M 1/66 1

death

dan papers. Page

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ar removal.

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signed by the burial-transit burial, cremati

has been see as the better the prior to ke

Health

detached f

ge 3 shauld iled with the S

page filed

DIRECTOR: After

TO HOSPITAL

filled

funeral i I and

within 24 hours after death

executed

24 FUNERAL DIRECTOR A. PUMT REY

23a 8UR AL, CREMATION, burial (Specify)

23b DATE THEREOF

11-21-66

BETWESDA, MD.

ADDRESS

23c NAME OF CEMETERY OR CREMATORY

PARKAAWN CEMETERY

25g. REC'D BY REGISTRAR 25b

23d LOCATION (City or Town)

REĞISTRAR'S SIGNATURE



Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

15853 FOR STATE HEALTH DEF

File Juges Land 2 with the State Department of 5 may be retained for yaur files.

TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit mermit (file bages land 2 with the State Department by Health or its designated agent, prior to burial, cremation, ar removal, and in any event within 72 hours after death

2, ond 3 to P.M.3. Page any delay is

'pending" in pencil in Item 18. Give Pages 1,

TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death

nacessary, please execute the certificate, serifing the ward

Exaginer's Office along with form

the fungra

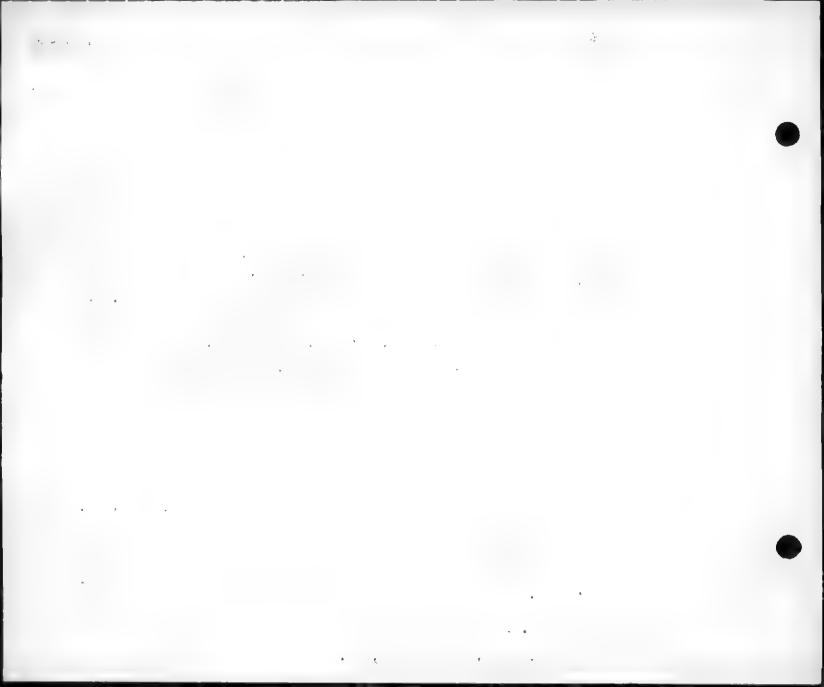
director. Tage 4 shauld be farwarded to the Chief Medical

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

15856

	F DEATH			ere deceased lived, if institution Res	idence before odmission) 🗸
o. COUN	MONTGOMERY	MARYLAND	o. STATE MARYT.A	ND b. COUNTY 5 2	4
b CITY (OR TOWN (If outside corporate imits, RURAL and give nearest town)	c LENGTH DE STAY IN 16	c CITY DR TDWN (t outsid	le corporate limits, write RURAL and	give necrest town)
B	ETHE SDA	3 hours	LEXINGTON	PARK	1
d NAME	OF HOSP TAL OR INSTITUT ON (If not in	hospitol, give street address)	d STREET ADDRESS		e. IS RES DENCE ON A FARM?
	AVAL HOSPITAL		ROUTE 1 BOX	1450	YES NO X
3 NAME C		M-dd e	Lost 4	. DATE Month	Doy Year
(Type or		Ellen	GUSTWICK	DEATH November	26 19 66
2 2£X	6 COLOR OR RACE 7	MARRIED 🗶 NEVER MARRIED 🔲	8 DATE OF BIRTH	9 AGE (In years FUNI lost birthday) Month	DER 1 YEAR IF UNDER 24 HRS
Fema	Le l vauc	IDOWED DIVORCED	10 July 192		13 DOLY LIGHT HITTE
100 USUAL O	OCCUPATION (Give kind of work done of working life, even if retired)	10b KIND OF BUS NESS OR INDUSTRY	11. BIRTHPLACE (State or		CITIZEN OF WHAT COUNTRY?
	OUSEW LIFE	INDOSIKI	GREATLAKES.	ILL U	SA
13. FATHER			14. MOTHER'S MAIDEN NAM	NE .	
	rt Lloyd STEVENSO		Winnie COLE		
15 WAS DE	CEASED EVER IN U.S. ARMED FORCES? Unknown) [(If yes give wor or dotes of Wa	16 SOC AL SECURITY NO 17	INFORMANT	Address RT	. 1, BOX 145C
(165, 110, 07	SUNCHOWERS THE SES BLAZ MOLOS OF SAM	None Mi	chael Steven	GUSTWICK LEXIN	GTON PARK, MD
18 CA	USE OF DEATH (Enter only one cause pe	r line for (a) (b), and (t))			INTERVAL BETWEEN
l l P	ART . DEATH WAS CAUSED BY IMMEDIATE CAUSE (0)	Asphyixiation, ins	piration of bo	one particle	SNELL THE DEATH
	7254 DUE TO				
Cond t	ons, if ony, which gove) (b)	Multiple face and	chest injurie:	s from auto acci	dent 9½ hrs
	the underlying couse DUE TO				
last					
PART	OTHER SIGNIFICANT CONDITIONS CONTR	IBUTING TO DEATH BUT NOT RELATED TO	THE TERMINAL D SEASE CONDIT	ION GIVEN IN PART 1(o)	19 WA' AUTOPSY PERFORMED?
OHE					AESY NO
	KTERNAL CAUSE WAS	206 DESCRIBE HOW INJURY OCCURRED	(Enter noture of in any in Port	or Port II of Item 18.)	
CAUSE	OF DEATH				
	ME OF INJURY Month Doy, Year Hour aim	20d INJURY OCCURRED O 20e PLA	CE OF INJURY (Home, form,	20f (City or town)	(County) (State)
1:3	Dam pm NOV 26 1966	of work of work RT	tory, street, office bldg etc.)	LEXINGTON PARK	, MD.
		the remains described above, he	eld an Autopsy 🔀 , 📗	Inspection X, Inquiry	
	th resulted fram Natural co		cide 🔲, Homicide 🗀	Undetermined manner	
4,5711.4	0 0		CHIEF MEDICAL EXA	MINER	
ACTUA SIGNA		Ball	M.D ASSISTANT MEDICAL	EXAMINER .	22. DATE SIGNED
EXAMI	NER'S Town C. D. 3.3		DEPUTY MEDICAL EX	_	11-27-66
NAME	1 17 2			y, town, or county)	
230. BURIA	, CREMATION, 23b DATE THEREOF		CREMATORY	23d. LOCATION (City or Town)	(State) (State)
	al Dec. 2, 19		etery	Taloda,	Oklahoma
24 FLNER	Lingly Finance	ADDRESS	250 REC'D BY		
		e, Leonardtown, Md	. DATE NO	1 29 1966 fch	arley Judge

VR A15ME (5) 6M 1/66



1 / 84 1		15854 CERTIFICATE OF DEATH	15857
funeral 1 and 1 and 1 er death		PLACE OF DEATH 2 USUAL RESIDENCE (Where deceosed leved, I just button Resider 5. COUNTY 5. COUNTY 6. COUNTY	ce before odm ssion)
fer of funes of funditer of fitter o		MONTGOMERY GUNTY MARYLAND MARYLAND MARYLAND	PRICENERY PROPERTY
24 haurs after do in by the furpers. Pages 1		b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) SILVER SPRING C. LENGTH OF STAY IN 1b C. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town)	12001
4 had	-	d NAME OF HOSPITA. OR INSTITUTION (finot in hospital, give street address) d STREET ADDRESS	e IS RESIDENCE ON A FARM?
filled pap		HOLY CRESS HOSPITAL 73.5 SLIGO AUE. # NG	YES NO NO
with rely rbon r, wit	3.	NAME OF DECEASED OFECEASED (Type or point) MANUEL BUTIEREEZ-MICOYA DEATH	Doy Year 19 66
mple re co	S		Doys Hours Min
exected to a column to a colum	1	MALE WIDOWED DIVORCED 8/18/74 92 VIS	
Vicate be executed within hysican and completely fills in please remove carbon por ol, and in any event, within		ing most of working life, even if retired) INDUSTRY	TIZEN OF WHAT
ficate ysicro plea ol, an	13	FATHER'S NAME 21 1 14. MOTHER'S MAIDEN NAME 222 1	a w
hen hen	L	Jose Sutierrez amalia Majora	7
the law requires that the death certificate be executed within 24 haurs after the ding physician. as been signed by the attending physician and completely filled in by the fur as the burial-transit permit. Then please remaye carbon papers. Pages 1 prior to burial, crematian, ar remayal, and in any event, within 72 haurs after.	1\$ (Y	WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO 17 INFORMANT Address NO NE (\$ 7 1/ m/	
requires that the deaff g physician. signed by the attendit burial-transit permit.	\vdash	18. CAUSE OF DEATH (Enter only one couse per line for (fg), (b), and (c).)	INTERVAL BETWEEN
not t n. y the smail		PART I DEATH WAS CAUSED BY. BRONCH MILLIAMONIA.	TOUSET AND DEATH
quires th physician signed by burial-tra burial, cre		Conditions, if ony, which gove) (b) Italian and us amplicise mea	many
equir phy sign buri	1	stoting the underlying couse (),	The second
The law re attending has been se as the h prior to		last. (c)	<u> </u>
The latten atten has I se as se as the pri	NO	PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0)	19 WAS AUTOPSY PERFORMED?
AN: The	FICATION	200 ACC DENT WAS UNDERLY NG 20b DESCRIBE HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Port 11 of item 18)	YES NO
PHYSICIAN: e haspital ar nis certificate fached far u Dept. af Heal	CERT,	OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	
= 4 × 9 9	MEDICAL	L	unty) (State)
Ther there that the state	×	p.m. 19 otwork of work	(a) (we) las
OR ATTENDING be refained by the JRECTOR: After ite 3 should be died with the State	П	21. I certify that (1) (this haspital) attended the deceased from 11 9 , 1966, ta 11/74, 19 sow the deceased alive an 11/13 1966, and that death occurred at 215 PM, from causes and on t	he date stated obove
OR ATTENI be retained DIRECTOR: A je 3 shauld ed with the		220 SIGNATURE MED STAFF 22b. D	ATE SIGNED
L OR be DIR			
Page 4 may be retained by the O FUNERAL DIRECTOR: After this director, page 3 should be detashould be filed with the State D		22c PHYSHANS JAMES IC. COLEMAN MD. 22d. ADDRESS 9241 COLUMBIA BL NAME PYPE) JAMES IC. COLEMAN MD. 51LVER SPRING	Md.
O HOS Page 4 O FUN directo	23	BURAL (REMATION, 236 DATE THEREOF 23c, NAME OF CEMETERY OR CREMATORY 23d LOCATION (GLY or Fown) REMOVAL (Specify) 23d LOCATION (GLY or Fown) (Lifte a tory)	(County) (Stote)
5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5	2	REMOVAL (Specify) Nov 17, 1966 State of Juanin Cliffic a love 11) a FUNERAL DIRECTOR ADDRESS 250. REC'D BY REGISTRAR 250 REGISTRAR 250 REC'D BY REC	NATURE .
VR A15 (4) 20 M 1/66	U). W. Chambers 60. 1400 Chapin St. NN. D. Oppare 11-14-66	7a. 0 can
, ,	-	NOV 17 1968 / SCOTA	De Judge



TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then, please remove carbon papers. Pages 4 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removel, and in any event, within 72 hours after death.

TO BORNTAL OR ATTINDING HAVIOLING THE law requires that the deats mertificate secondend within 24 hours after seath.

Page 4 may be retained by the hospital or attending physician.

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

		OATE OF	DEATH		10000
-	1. PLACE OF DEATH	2. US	UAL RESIDENCE (When	e deceased lived, If Insti-	tution: Residence before admission)
П	a. COUNTY		STATE	b. COUNT	~ ~ ~ /
-	b. CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY		1147 Glana	- Mili	DUDAL and also tracest town
	b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town)	IN 10 C. CITY	OR TOWN (IT outside	curporate titaits, write	RURAL and give pearest town)
ľ	SILLER SHAINS ONE DA,	Y K	CKUILLE		151
-	d. NAME OF HOSPITAL DR INSTITUTION (if not in hospital, give street a	ddress) d. STR	EET ADDRESS		0. IS RESIDENCE
	HOLY CROSS HOSFITAL	124	01 BRAXF	FIRLD CT.	API 12 DN A FARM? YES NO
	3. NAME DF First Middle		ast 4. DA		Day Year
1	(Type or print) HELEAL	HAGA	AGEDE	ATH 1/	- 12 1966
1	5. SEX 6. COLOR DR RACE 7. MARRIED NEVER MARRIE	NA I 8. OATE	OF BIRTH	19. AGE (In years III	FUNDER 1 YEAR UF UNDER 24 HRS
Т			10 62		lonths Oays Hours Min.
Į.,	/ WIOOWEO DIVORCE		8-03	3 yrs.	
	10a. USUAL OCCUPATION (Give kind of work done 1Db. KINO OF BUSINESS OR during most of working life, even if retired) INDUSTRY	11. BI	RTHPLACE (County & S	tate, or foreign country)	12. CITIZEN OF WHAT COUNTRY?
П	CHILD	WA	ShINGTON.	D.C.	16.5.A.
	13. FATHER'S NAME	10	OTHER'S MAJOEN NAM	F	1 10.000
П	4 1				
-	GEORGE J. HAGEAGE Jrg		list Pury	ear	
L	15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY ND (Yes, no, or unknown) (If yes give war or dates of service)	. 17. INFORM	INT	Address	
П	NO	Dr. Ge	orge J. H	ageage, J	r. (above
=	18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c		ather	addres	
ı	DADT I DEATH WAS CAUSED BY.	1. 7.			ONSET AND DEATH
1	IMMEDIATE CAUSE (a) U- A STRIC 1-	15240 RRA	- b-t		Vip 3
П	2405 DUE TO 111	- 1	/		P
П	Conditions, if any, which (b) alky a lean	Calle	efece.		- days
н	gave rise to immediate (1/	4		211
L	understale a course leet	attes.	Duria	11	Lhuss
Ŀ	19/	INT PELATED TO T	E TERMINAL DISEASE	CONDITION GIVEN IN PA	ART 1(a) 19. WAS AUTOPSY
		ent.	TE TERMINAL DIGENGE	,0,10111011 417 (.1111117	PERFORMED?
	- Tenuevel Muffermatain	ull			YES NO
H	20a. ACCIOENT WAS UNDERLYING 20b. OESCRIBE HOW INJU	RY OCCURREO. (E	nter nature of injury i	n Part I or Part II of	Item 18.)
	DR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)				
	20c. TIME DF INJURY Month, Oay, Year 20d. INJURY OCCURRED	20e. PLACE OF IN	JURY (Home, farm, 20	f. (City or town)	(County) (State)
	20c. TIME DF INJURY Month, Oay, Year 20d. INJURY OCCURRED Hour a.m. While Not While at work at work at work	factory, street	office bldg., etc.)		, , , , , , , , , , , , , , , , , , , ,
- [3	p.m. 19 at work at work	-			
П	21. I certify that (I) (this hospital) attended the deceased for	rom 7- 20			<u>, 1966</u> , that (I) (we) last
П	saw the deceased alive on 1/1/12 19 66, a	nd that death i	occurred at 994 M	, from the causes at	nd on the date stated above.
П	22a. SIGNATURE				22b. DATE SIGNED
П	Lancier Carllaylin	M.O. PHYS	NOING MEO.	R PHYS.	
H	22c. PHYSICIAN'S		ADORESS	K L PHIS. LI	
1	NAME (Type)		****		
1				LAGRENCE TO THE	
1	23a. BURIAL, CREMATION, 23b. OATE THEREOF 23c. NAME OF CREMOVAL (Specify) 11/14/66 Fort L			LOCATION (City, tow	
	Burial 11/14/66 Fort L	incoln		olmar Man	
	24. FUNERAL DIRECTOR Nalley's Funeral Mt.	Dates	25a. REC'D BY R	EGISTRAR 25b. REG	ISTRAR'S SIGNATURE
		Rainie	PATE NOV 1	5 1966 2	"Inveley Judge

VR AI5 (4) 20M 1/65



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH 15856 PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived, if institution Residence before admission) b. COUNTY o COUNTY Maryland Montgomery Montgomery MARYLAND b CTY OR TOWN (If outside corporate limits, C LENGTH OF STAY IN 16 c CITY OR TOWN (If autside carparate limits, write RURAL and give nearest tawn) write RURAL and give negrest town) Silver Spring Takoma Park d NAME OF HOSPITAL OR INSTITUTION (if not in haspital, give street address) A STREET ADDRESS e IS RES DENCE ON A FARM? 7016 Poplar Avenue Holy Cross Hospital YES NO [corbon 3 NAME OF M+ddle DATE Month DECEASED 1966 (Type or print) DEATH IF LINDER 1 YEAR IF UNDER 24 HRS S SEX 6 COLOR OR RACE NEVER MARRIED DATE OF BIRTH AGE (In years 7. MARRIED b rthday) Manths Hours in ony DIVORCED WIDOWED Male White puo 10n HSHA, OCCUPATION (Give kind of work done 10h K ND OF BUSINESS OR 11 BIRTHPLACE (County & State, or foreign country) 12 CITIZEN OF WHAT COUNTRY? please during most of working life, even if retired) Customer Service Clerk INDUSTRY Communications 14 MOTHER'S MAIDEN NAME REAP 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or ynknown) (If yes give wor or dates of service) 16 SOCIAL SECURITY NO. INFORMANT Dome as cremotion, DK DK INTERVAL BETWEE 1B. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) ONSET AND DEATH buriol-tronsit PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) m DUE TO signed bur'ol, LEARED Conditions, if any, which gove rise to immediate cause (o). DUE TO stoting the underlying couse prior to lost. S WAS AUTOPS) PERFORMED? PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) hos YES 🕶 NO certificote 20o, ACC DENT WAS UNDERLY NG 205, DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Part I or Part II of item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20e PLACE OF INJURY (Hame, farm, (Stote) 20d INHIRY OCCURRED (City or town) (County) 20c TIME OF INJURY Month, Day, Year Hour o.m. While Not While factory, street, office bldg., etc.) of work at work 1101/15 1966, that (D) (we) last 21. I certify that (1)/(this haspital) attended the deceased fram_ 19 66 ta saw the deceased glive an Nov. 15 1966, and that death accurred at 4 24 M. fram causes and on the date stated above. DIRECTOR: 22b. DATE SIGNED NOU.16,1966. M.D. rector, poge hould be f.led 22d, ADDRESS PAYSICIAN'S TO FUNERAL 9241 Columbia Blvd., Silver Spring, Md. NAME (Type) James R. Coleman, M.D.

23c NAME OF CEMETERY OR CREMATORY

23d_LOCATION

2Sb

RECO BY REGISTRAR

DATE

(County)

REGISTRAR S SIGNATURE

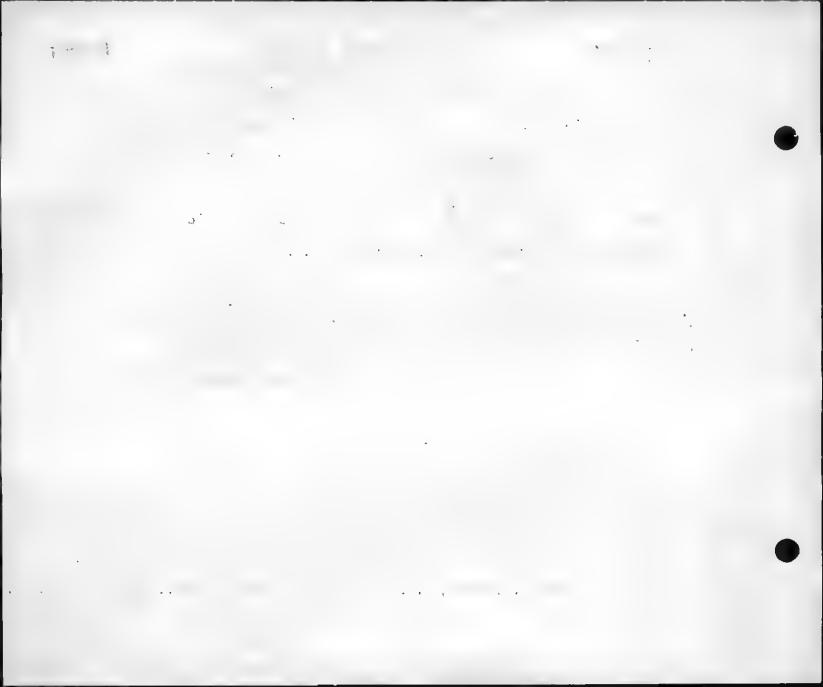
VR A15 (4) 20 M 1/66

directo

BUR AL CREMATION.

REMOVAL (Specify)

24 FUNERAL DIRECTOR



Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

5857 CERTIFICATE OF DEATH TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the funeral director, page 3 should be detached far use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept at Health prior to burial, crematian, or remaval, and in any eyent, which 72 hours after death. **DE ATTENDING PRYMINAL:** The law requires that the Jeath nert-ficate De executed within 24 hours after death. I 2 HELIAL DESIDENCE Authors decorred lived if instituti O HOSPITAL OF ATTINITIONS PRYTICIAN: The law requires that Page 4 may be retained by the hospital or attending physician.

15860

	I. PLACE OF VEATH	2. USDAE RESIDEREE (Which defended then, it maintain residered below Commission)
	a. COUNTY A A	a. STATE, b. COUNTY, a
	MARYLAND	miny fliced burning by
	b CITY OR TOWN (if outside carparate limits, d. LENGTH OF STAY IN 1b	c. CITY OR TOWN (If outside carparate limits, write RURAL and give nearest town)
1	write RURAL and give nearest lawn)	the local 110
	40016511110	tooles ville
	d NAME OF HOSPITAL OR INSTITUT ON (If not in haspital, give street address)	d. STREET ADDRESS e IS RESIDENCE
П		ON A FARM?
		YES NO 🖰
` F	3 NAME OF A First Middle .	Last 4 DATE Manth Doy Year
	DECEASED	1/ 0 - / 05
- 1	(Type or print) ("hester Denamin")	Tarper DEATH NOVEMBER 2 1986
1	S SEX 6 COLOR OR RACE 7 MARR ED NEVER MARRIED] E	DATE OF BIRTH 9 AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS
н		ast birthday) Manths Days Hours Min
	IF A C COLORED WIDOWED DIVORCED .	Y75.
ľ	10a JSUAL OCCUPATION (Give kind at work dane 10b KIND OF BUSINESS OR	1), BIRTHPLACE (County & State or foreign country) 12 C TIZEN OF WHAT
	during most of working life, even if retired) INDUSTRY	COUNTRY?
- 1		
r	13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
-1	11 11-1	
- 1	ileacht (1 // the	* '
	IS. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17 I	NFORMANT Address
-1	(Yes, na, orunknawn) (If yes give war or dotes of serv (e))	· A
н		e e vi i e miliko -
F	18. CAUSE OF DEATH (Enter any one cause per fine for (a), (b), and (c))	NTERVAL BETWEEN
- 1	name a manuscript account of the contract of t	ONCET AND DEATH
	IMMEDIATE CAUSE (a) PROUMUNIN BY	nchial Billeral, 5 days
н	DIJE TO	
	Condition from which came a Mate short Con	(civiliza
	rise to immediate couse (a).	1
	The state of the s	, P1k5
1	stating the underlying couse (a Carcinomic of	Jan (Yeas / Year -
-	1	
١,	PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO T	THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19 WAS ALTOPSY PERFORMED?
٠	& Artoriusclorusis, Genorali	YES NO IN
	0	
	205 DESCRIBE HOW INJURY OCCURRED	(Enter noture of injury in Part I or Port II of item 18.)
	OR CONTRIBUTING CAUSE OF DEATH	
		CE OF INJURY (Home, form, 20f (City or town) (Caunty) (State)
	Hour a.m. 19 While Not While of factor	ary, street, affice bldg., etc.)
П	princ Urwalk College	4-
-1	21. I certify that (I) (this hospital) attended the deceased from	anaum, 1956, to 1 Nov, 1966, that (We) last
П	saw the deceased glive an 2 Nov, 1966, and that	death accurred at 16.75 1 M, from causes and an the date stated above.
	22g SIGNATURE	22b DATE SIGNED A
-1	1 41 1 1 1 1 1 1 1	ATTEMPLIES . MED CTAFF
	today hurdrick Januar Mc	PHYS DIRECTOR PHYS DI 2 Nov. 66
Н	22c PHYSICIAN'S	22d. ADDRESS
	NAME (Type) Gordon Murdoch Smith, M.D	Barnesville, Maryland.
L	The state of the s	
Г	230 BURIAL, CREMATION, 236 DATE THEREOF 23c NAME OF CEMETERY OR (CREMATORY 23d LOCATION (City of Town) (County) (State)
	TREMOVAL (Specify) / 11/6/66 Jerusolem	l'em. foclesuille Monta Md.
L	F1011752	
	24 FONERAL DIRECTOR ADDRESS	250 RECD BY REGISTRAR 256 REG STRAR'S SIGNATURE
	Robert L. Syowden Kickville. 1	d. DATE NUV I O 1986 Schanley Judge
	IN ACTUAL AND THE SHOPE OF AN AND AND AND AN AND AND AND AND AND A	TO THE TANK

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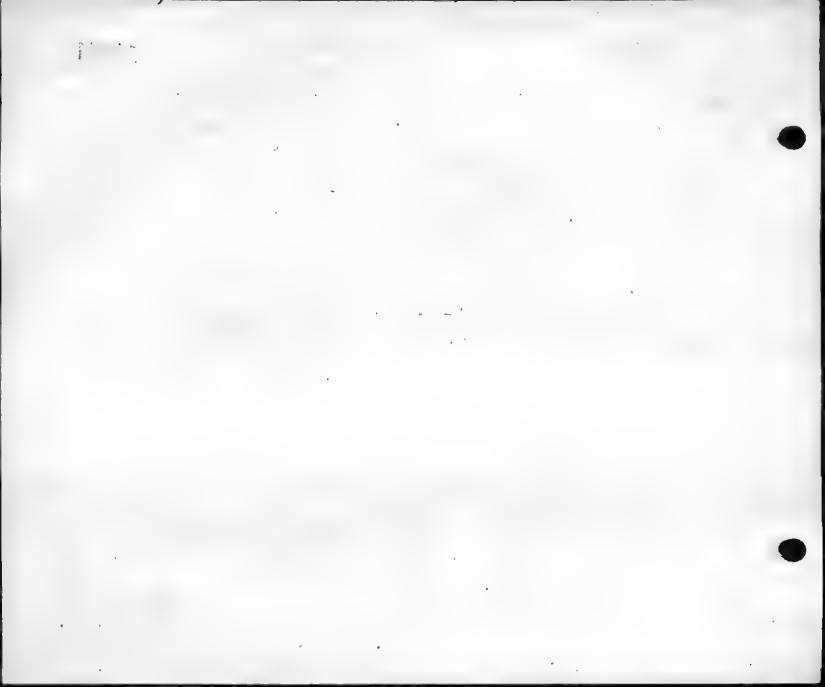


		15858	CERTIFICATE OF DEAT	1	15861
	(PLACE OF DEATH O. COUNTY Mentiquement b. CELY OR TOWN If outside corporate hours,	MARYLAND mary	ICE (Where deceased fived, if institute b. COL	oxtorner.
	{{1}}	unde RURAL ond give negrest fawris, d NAME OF HOSP TAL DR INSTITUT ON (It not in haspi	3 wks. 2 dayselner	Spring	e S RES DENCE
10		Suburkan	12003 Middle lost	. 1 2 / 1/	ON A FARM? YES NO ST
-	- 1	DECEASED (Type or print) Maky	C Harrison	OF	19 C 4
		F Care Widow	VED DIVORCED # 1/12/	28. 3 brithday)	Manths Days Hours M.n
	duri	ing mast of working life, even if retired)	INDUSTRY Dee	ounty & State, or fareign country)	COMMENS
		Buil Rods		Jenfer	ist,
	15 (Ye	WAS DECEASED EVER IN U.S. ARMED FORCES? es, no, or unknown) (If yes give war or dates at service)	16 SOCIAL SECURITY NO 17 INFORMANT CLEAR CONTRACTOR CON	Harreson	1855 Sanci led
		18 CAUSE OF DEATH (Enter only one cause per line PART I. DEATH WAS CAUSED BY. IMMEDIATE CAUSE (a)	METASTATIC CARCII	(Husband)	INTERVAL BETWEEN ONSET AND DEATH ONCE THIS
		Conditions, if ony, which gave (b) (b)	CARCINOMA OF	BRONLHUS	AT LEAST 8 MONTHS
		stoting the underlying couse to the last (c)			
0	ATION	PART II OTHER S.GNIF!CANT CONDITIONS CONTRIBUT	NG TO DEATH BUT NOT RELATED TO THE TERMINAL DISEAS	E CONDITION GIVEN IN PART 1(0)	19 WAS AUTOPSY PERFORMED? YES NO
	CERTIFICATION	200 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	DESCRIBE HOW INJURY OCCURRED (Enter nature of inju	ry in Port I ar Port II af (tem 18)	
	MEDICAL	Hour o.m. p.m. 19 of	Ad INJURY DECURRED Yhile Nat While at work 20e. PLACE OF INJURY (Home factory, street, affice bldg	., etc.)	(County) (State)
		21 i certify that (I) (this hospital) or sow the deceased alive on Nov	tended the deceased from MAY 1964 4 1966, and that death accurre	d at 6 40 M, from causes	
		220. SIGNATURE Pholand	//	STAFF DIRECTOR PHYS.	22b. DATE SIGNED 11-5-66
F		22c. PHYSICIANS NAME (Type) MICHAEL N		GA. AVE. SILV	
D		BURIAL CREMATION, 236 DATE THEREOF REMOVAL (Specify) 11/7/66	23c. NAME OF CEMETERY OR CREMATORY Fort Lincoln Cemet	- V	Manor, Md.
1	24	Home Inc.	eral ADDRESSMt. Rainier 250. Marvland DAII	NOV o 1966	REGISTRAR'S SIGNATURE

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death Page 4 may be retained by the haspital or ottending physician.

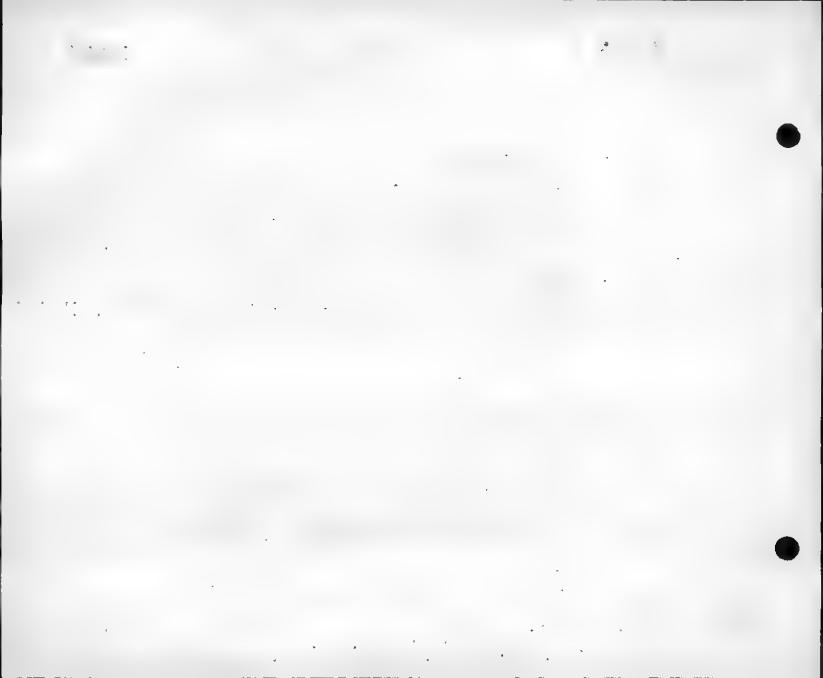
TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, some 3 should be detached for use as the buriol-transit permit. Then please remove carbon papers. Pages 1 and 2

VR A1: 20 M



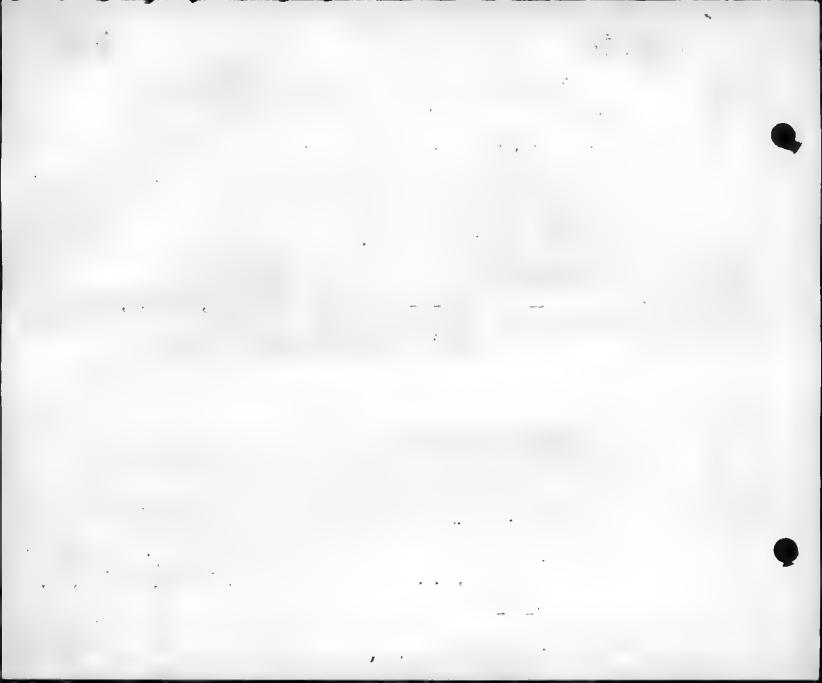
Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH 15859 deoth requires that the death retrigiote be executed within 24 hours after death. ond, PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived, if institut on Residence before admission) campletely filled in by the funeral o. COUNTY o. STATE b. COUNTY ONTGOMERY MARYLAND E LENGTH OF STAY IN 16 b CITY OR TOWN (If outside corporate mits. c CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town write RURAL and give nearest town), 2 days d. STREET ADDRESS IS RESIDENCE ON A FARM? 1,8 d. NAME OF HOSPITAL OR INSTITUTION (Af not in hosp to , give street address) event, within 72 NO 🔯 YES remove carbon NAME OF Middle DATE Day Year DECEASED OF G. DEATH (Type or print) IF UNDER 1 YEAR S SEX 6 COLOR OR RACE 7 MARRIED NEVER MARRIED DATE OF BIRTH 9. AGE (In years last burthday) Months Days Haurs 007 WIDOWED DIVORCED puo 10b K ND OF BUSINESS OR 11 BIRTHPLACE (County & State, or foreign country) 12 CTIZEN OF WHAT 100 USUAL OCCUPATION (Give kind of work done eose Own home COUNTRY? during most of warking fe, even if retired) signed by the attending abrillaring burial-transit permit. Then please burial, cremotion, or removal, and i Albany, New York Housewife 14. MOTHER'S MAIDEN NAME 13 FATHER'S NAME John B. Gervais Mary Bastian WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO 17 INFORMANT Address Tennyson St., N. W. (Yes_na, ar unknown) (f yes give war ar dates of service) Florence Gervais Yes Washington, D. INTERVAL BETWEEN 1B. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c)) DEATH WAS CAUSED BY ONSET AND DEATH IMMEDIATE CAUSE (o) be retained by the hospital or attending physician. DUE TO Conditions, if any, which gave (b) ase to immediate cause (a), DUE TO as the prior to b stating the underlying couse TO FUNERAL DIRECTOR: After this certificate has been O HOSPITAL OR ATTENDING PHYSICIAN: The low last 19. WAS AUTOPSY PERFORMED? PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(g) Health YES NO F <u>ō</u> 205 DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Part I at Part II af item 1B.) 200 ACCIDENT WAS UNDERLYING [Dept. of I OR CONTRIBUTING CAUSE OF DEATH detoched (IF EITHER, NOTIFY MEDICAL EXAMINER) 20d INJURY OCCURRED 20e PLACE OF INJURY (Home, form, (City or town) (County) (Stote) 20c TIME OF INJURY Month, Day, Year Hour a.m. factory, street, affice bldg., etc.) Not While Stote | at work 21. I certify that (1) (this-haspital) attended the deceased from LE director, page 3 should should be filed with the WEAVER 19 (% and that death occurred art. 36 M. fram causes and an the date stated above. saw the deceased alive on-22b. DATE SIGNED 220 SIGNATURE **ATTENDING** M.D. PHYS. DIRECTOR PHYS 22d ADDRESS 22c. PHYSICIAN S NAME (Type) / Page 4 may 23d LOCATION (City or Town) 230 BURIAL CREMATION. 23b. DATE THEREO 23c. NAME OF CEMETERY OR CREMATORY (County) REMOVAL (Specify) 1966 Arlington National Cemetery Arlington, Virginia Nov. 29. 25b. REGISTRAR S SIGNATURE FUNERAL DIRECTOR knith hore ADDRESS 4 Ga. Ave. 2So. REC'D BY REGISTRAR Warner E. Pur VR A15 (4) 20 M 1/66 100, 100 Pumphrey, Inc. Silver Spring.

MARYLAND STATE DEPARTMENT OF HEALTH



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 5860 CERTIFICATE OF DEATH 15863

L :	15860	CERTIFICATE O	F DEATH	1	5863
	PLACE OF DEATH a. COUNTY	2.	USUAL RESIDENCE (Where	deceased lived, If institution: R	Residence before admission)
	Montgomery	MARYLAND	Florida		
b	D. CITY OR TOWN (if outside corporate amits, write RURAL and give nearest town)	ti .	CITY OR TOWN (If outside	corporate limits, write RURAL	end give nearest town)
	Bethesda	96 Days	Jacksonville		1
	d. NAME OF HOSPITAL OR INSTITUTION (if not in ho	spital, give street address) d. S	STREET ADDRESS		IS RESIDENCE ON A FARM?
The	Clinical Center, Betheso		3960 Via de 1		YES NO X
	NAME DF First DECEASED	Middle	Last 4. DA		Day Year
((Type or print) Ernest	Hawtin Heat		ATH November	13 19 66
5. 8	6. COLOR OR RACE 7. MARRIED	NEVER MARRIED 8. DA	ATE OF BIRTH 903	9. AGE (In years IF UNDER last birthday) Months	1 YEAR IF UNDER 24 HRS.
M	Male White WIDOWED		September	63 yrs.	
1Da, l durin	USUAL OCCUPATION (Give kind of workdone 10b. King most of working life, even if retired)	ND OF BUSINESS OR 11.	. BIRT HPLACE (County & S	rate, or foreign country) 12. C	ITEZEN OF WHAT
I	District Manager Quak	er Oats Co.	Canada	11	USA
13.	FATHER'S NAME	14.	MOTHER'S MAIDEN NAM	E	
	William Heatherbell		Mary Hawtai	ne	
15. \ (Yes.		SOCIAL SECURITY NO. 17. INFO		al Records	
(, , , ,		23-09-8487 The C		r Bethesda M	arvland
	18. CAUSE OF DEATH [Enter only one cause per lin				INTERVAL BETWEEN
	PART I. DEATH WAS CAUSED BY: Mali	ignant Pheochromo	cytoma		ONSET AND DEATH
	1 LJ U DUE TO	Promise S stone of the	-		
	Conditions If any which I				
	gave rise to Immediate				
	cause (a), stating the DUE 10 underlying cause last.				
	PART II. OTHER SIGN. FIGANT CONDITIONS CONTRIBU	TING TO DEATH BUT NOT RELATED T	OTHE TERMINAL DISEASE (ONDITION GIVEN IN PART 1(a)	19. WAS AUTOPSY
CERTIFICATION		3 4 4			PERFORMED?
TĒ];					
100	Urinary Tract Ini	ESCRIBE HOW INJURY OCCURRED	(Enter nature of Injury II	1 Part I or Part II of Item 18	
E E	Urinary Tract Inf 2Da. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	ESCRIBE HOW INJURY OCCURRED	(Enter nature of Injury I	n Part I or Part II of Item 18)
	OF CONNEISEMENT TO THE CONNEISEMENT OF THE CONTROL OF T				unty) (State)
-1	(IF EITHER, NOTIFY MEDICAL EXAMINER)	IJURY OCCURRED 2De. PLACE OF factory, str			
	(If EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month, Day, Year Hour a.m. p.m. 19 Hour at work	DURY OCCURRED 2De. PLACE OF factory, str	F INJURY (Home, farm, 20 reet, office bldg., etc.)	f. (City or town) (Cot	unty) (State)
	(If EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month, Day, Year While at work 19 at work 21. I certify that W (this hospital) attende	DURY OCCURRED 2De. PLACE OF factory, str at work d the deceased from 9 Au	FINJURY (Home, farm, 20 reet, office bldg., etc.)	f. (City or town) (Cot	unty) (state) 66, that XIX (we) last
MEDICAL	(If EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month, Day, Year Hour a.m. p.m. 19 Hour at work	DURY OCCURRED 2De. PLACE OF factory, str d the deceased from 9 Au Der 19 66 and that dear	FINJURY (Home, farm, reet, office bldg., etc.) 20 21 21 25 25 25 25 25 25 25 25	to 13 November (from the causes and on t	unty) (state) 66, that XIX (we) last
MEDICAL	20c. TIME OF INJURY Month, Day, Year Hour a.m. p.m. 21. I certify that (this hospital) attende saw the depeased alige on 13 November 22a. Signapore	DURY OCCURRED 2De. PLACE OF factory, str d the deceased from 9 Au per 1966, and that deal	gust , 19 66, th occurred at 8:25M, TTENDING MED.	to 13 November (f. (City or town) (Cot) to 13 November (from the causes and on t R STAFF (PHYS. (220. D)	66, that XIX (we) last the date stated above. MATE SIGNED
MEDICAL	20c. TIME OF INJURY Month, Day, Year Hour a.m., p.m. 19 at work 21. I certify that (1) (this hospital) attende saw the deceased alige on 13 November 22a. Signature	DURY OCCURRED 2De. PLACE OF factory, str at work d the deceased from 9 Au Der 19 66, and that deal	gust , 19 66, th occurred at 8:25M, TTENDING MED. DIRECTOL DIRECTOL 22d. ADDRESSThe C1	to 13 November (cot from the causes and on t PHYS. X 14 No inical Center,	(State) 66, thatXX (we) last he date stated above. MATE SIGNED OVEMBER 1966 National
MEDICAL	20c. TIME OF INJURY Month, Day, Year Hour a.m. p.m. 21. I certify that W (this hospital) attende saw the deceased alige on 13 November 22a. Signature 22c. Physician's NAME (Type) Karfl Engelman,	DURY OCCURRED 2De. PLACE OF factory, str at work d the deceased from 9 Au Der 19 66, and that deal	gust , 19 66, th occurred at 8:25M, TTENDING MED. DIRECTOR DIRECTO	to 13 November (control of to 13 November (from the causes and on the causes and control of the causes are caused as a control of the causes are caused as a control of the causes are caused as a control of the cause of the cau	(State) 66, thatXX (we) last he date stated above. MATE SIGNED ovember 1966 National sda, Md.
MEDICAL	20c. TIME OF INJURY Month, Day, Year Hour a.m. p.m. 21. I certify that (I) (this hospital) attende saw the decrased alige on 13 November 22a. Signature 22c. Physician's NAME (Type) Karfl Engelman, BURIAL, CREMATION, 23b. DATE THEREOF	DURY OCCURRED 2De. PLACE OF factory, str at work d the deceased from 9 Au Der 19 66, and that deal	gust , 19 66, th occurred at 8:25M, TTENDING MED. DIRECTOR DIRECTOR ADDRESSTHE C1	to 13 November (cot from the causes and on t PHYS. X 14 No inical Center,	(State) 66, thatXX (we) last he date stated above. MATE SIGNED ovember 1966 National sda, Md.
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WEDICAL 23a.	20c. TIME OF INJURY Month, Day, Year Hour a.m. p.m. 21. I certify that (I) (this hospital) attende saw the decrased alige on 13 November 22a. Signature 22c. Physician's NAME (Type) Karfl Engelman, BURIAL, CREMATION, 23b. DATE THEREOF	DURY OCCURRED 2De. PLACE OF factory, str at work	gust 19 66, th occurred at 8:25M, HYS. DIRECTOR CZCI. ADDRESSThe Cl Institutes of CREMATORY 23d.	to 13 November (cot to 13 November (from the causes and on to 1225. Dr. 114 Notical Center, Health, Bethe LOCATION (City, town or cot Jacksonville EGISTRAR, 255. REGISTRAR	(State) 66, that XIX (we) last the date stated above. MATE SICNED ovember 1966 National sda, Md. (State)



15864

CERTIFICATE OF DEATH

Page 4 may be retained by the haspital ar attending physician.

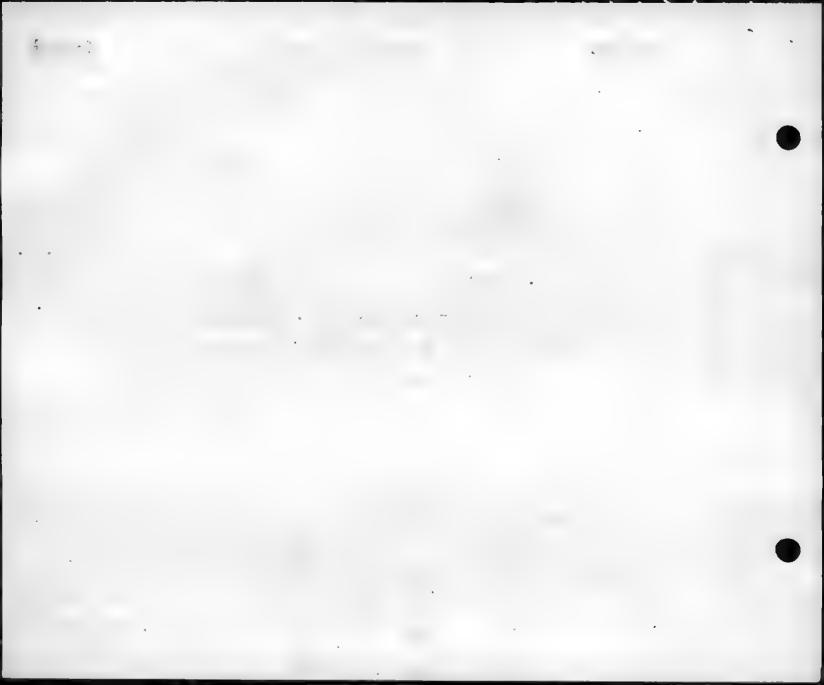
TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the funeral director, page 3 should be detached far use as the burial-transit permit then please remove carban papers. Pages 1 and 2 should be filed with the State Dept. at Health priar ta burial, crematian, ar remayal, and in any event, within 72 haurs after death.

TO MISPITAL OR MITENIING PHYSICIAN: The law requires that the death certificate by exacuted within 24 haurs after death

15861

VR A15 (4) 20 M 1/66

	ACE OF DEATH	2 USUAL RESIDENCE (Where deceased lived, if institution: Residen	te before odmission)
0.	COUNTY MONTGOMERY MARYLAND	o. STATE MARUIAND b. COUNTY MO	Lunner.
b	CITY OF TOWN III A WAR CONTROL IN THE	c CITY OR TOWN (If outside corporate limits, write RURAL and give	nearest town)
	S. Luse Spring Range 14days	Whenton	15.1
	NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address)	d. STREET ADDRESS	e. IS RESIDENCE
	Hoby Ceoss Hospital	11321 CollegeVIEW DRIVE	YES NO Y
	ME OF First Middle	Lost 4 DATE Month	Doy Year
	CEASED PROPERTY SERVICE	HECKA Thora DEATH NOU	28 1966
S SEX	6 COLOR OR RACE 7 MARRIED NEVER MARRIED	B. DATE OF BIRTH 9 AGE (In years if UNDER)	
FER	male White WIDOWED DIVORCED	8/20/41 35 Yrs	Doys Hours Min.
10o. U	S_AL OCCUPATION (G've kind of work done 10b KIND OF BUSINESS OR		IZEN OF WHAT
69	Tiege student INOUSTRY	Virginia	U. S.
	ATHER S NAME	14. MOTHER'S MAIDEN NAME	
	John H. Heckathorn	Onda Gorton	
15 V	VAS DECEASED EVER IN U.S. ARMED FORCES? 16 SOCIAL SECURITY NO 17.	NFORMANT Father SAddress	T. A
N ^{(Yes})	(f yes give wor or dotes of service) 213-44-3384 Jo	hn H. Heckathorn Same as	Item 2.
1	B. CAUSE OF DEATH (Enter only one couse per line for (o), (b), ond (c).) PART I. DEATH WAS CAUSED BY. Bilateral lobula	r ppeumonia	INTERVAL BETWEEN ONSET AND DEATH
	(mmediate Oduse (o)	a produced	
	77/ DUE TO	4.0	
	onditions, if ony, which gove se to immediate couse (o),	18	
	toting the underlying couse DUE TO		
lo	ist. (c)		
Z P	ART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO 1	THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0)	19 WAS AUTOPSY PERFORMED?
ATIC			YES 🔼 NO
E 0	00 ACCIDENT WAS JINDERLYING DIR CONTRIBUTING CAUSE OF DEATH IF EITHER, NOTIFY MEDICAL EXAMINER) 20b DESCRIBE HOW INJURY OCCURRED 20c DESCRIBE HOW INJURY OCCURRED	(Enter noture of injury in Port I or Port II of item 18.)	***************************************
3 2		CE OF INJURY (Home, form, 20f (City or town) (Cou	inty) (Stote)
MED	Hour o.m. While Not While fort	ory, street, office bldg., etc.)	
-	21. I certify that (I) (this haspital) attended the deceased from	7/14 1966 to 11/28/ 196	Z, that (1) (we) last
	saw the deceased alive an 1/27 1967, and that	death accurred at 9 3 M, from causes and an II	
-	220. SIGNATURE	225 0/	VE SIGNED / /
	- Transiel Proportion/ MI	ATTENDING MED. STAFF	28/6
	22c. PHYSICIAN'S	22d ADDRESS	, ud
	NAME (Type) FRANCIS X RIEHARDSON	114QVICESMITT Q Whente	w 19
230	BUR AL, CREMATION, 23b. DATE THEREOF 23c NAME OF CEMETERY OR (_	(County) (State)
			yland
24	FUNERAL DIRECTOR ADDRESS	250. RECD BY REGISTRAR 256 REGISTRARS SI	GNATURE O
00	select a. Mumphill Superal	2 H. CDATE DEC 2 1866 fclia	new Judge

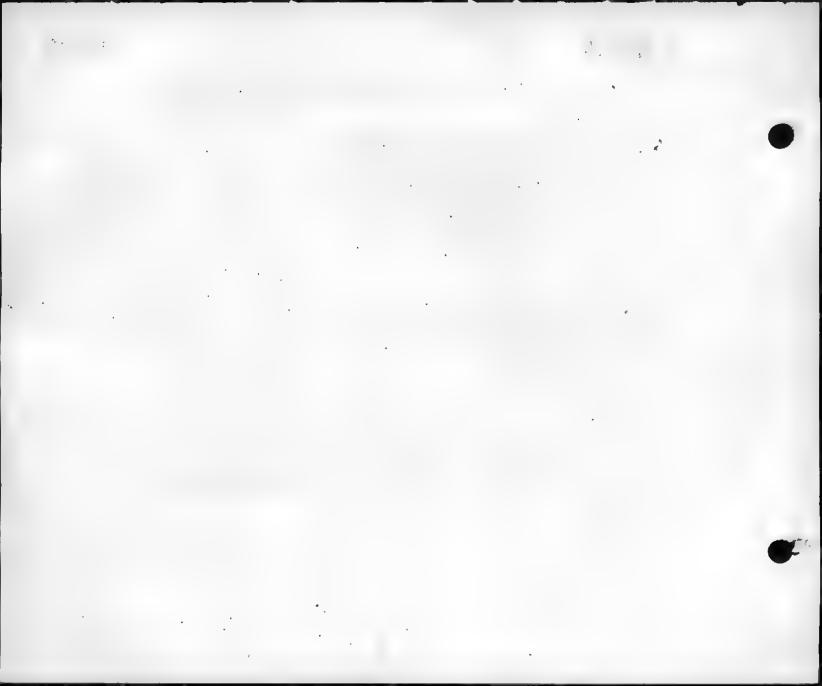


2	~ ~		15862	CERTIFICATE OF DEATH	15865
r death	funeral I and 2 ter death	1	PLACE OF DEATH O. COUNTY MONTGOME 14	2 USUAL RESIDENCE (Where deceased in o. STATE MARYLAND MARYLAND	ed, if institution, Residence before odmission) b. COUNTY MonToomeru
rs afte	e e e		b C TY QR TOWN (If outs de carparate limits write RURAL and give nearest town)	C LENGTH OF STAY IN 1b C CITY OR TOWN (If outside corporate lim	
24 hau	filled in by the papers Page than 72 haurs of		d NAME OF HOSPITAL OR INSTITUTION (if not in	hospito, give street address) d. STREET ADDRESS HOSPITAIL 5507 Uppingh	B IS RESIDENCE ON A FARM? YES NO
within		3	NAME OF DECEASED	Middle Last 4 DATE OF	Month Doy Year
executed within 24 haurs after	ind completely k	S	Am 1 1 1 1 1		(In years IF UNDER 1 YEAR IF UNDER 24 HRS. buthday) Manths Days Hours Min.
te be ex	ner Lea		Oa USUA, OCCPATION (Give kind of wark dane uring mast of working life, even if retired)	10b K ND OF BUSINESS OR 11. BIRTHPLACE (County & Stote, or fareign INDUSTRY	
that the death certificate be an.	physican o hen please noval, and ir	1	William Wagn	er EMMa Rother	0611
	by the attending phy transit permit. Then crematian, or remova		S. WAS DECEASED EVER IN U.S. ARMED FORCE ST (Yes, na, or unknown) (If yes give war or dates of sen	16. SOCIAL SECURITY NO. 17. INFORMANT FOR SOCIAL SECURITY NO. 17. INFORMANT RECO	Address nd
nat the	d by the a -transit pe , crematia			IB. CAUSE OF DEATH (Enter only one couse per part 1. DEATH WAS CAUSED BY, IMMEDIATE CAUSE (a)	faster intestmel him
requires the	signed b bural-tra burial, cr		Conditions, if ony, which gove (b) (b) (c) (c) (c) (c) (c) (c) (c) (c) (c) (c	Browcho frammonia	5 days
The taw recattending p	the r to		stating the underlying cause (c)	/	
1: The 1 or after	五名中	CERTIFICATION	PART II OTHER SIGNIFICANT CONDITIONS CONTR	IBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN	YES NO Z
PHYSICIAN e haspital	entii) ed red		200 ACC DENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	205, DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Part II o	·
₽	offer this of the detack State Dep	a de la constante de la consta	20c TIME OF INJURY Month, Doy, Year Haur a.m. p.m. 19	While at work I factory, street, affice bldg., etc.)	y ar town) (County) (State)
TENDIN ined by	ECTOR: After 3 should be with the Stat		saw the deceased alive an	t) attended the deceased fram 10 / 3 , 19 66 to 11 / 16	and causes and an the date stated above
OR ATTEN	L DIRECTO		22a. SIGHAJURE	M.D ATTENDING PHYS DIRECTOR D	STAFF PHYS DATE SIGNED
O HOSPITAL Page 4 may	O FUNERAL DIR director, page 3 should be filed	=	22c. PHYSKIAN'S NAME (Type)	7/05 RIGG.	
TO HO Page	10 FUI direct shou	2	BUR AL, CREMATION. 23b DATE THEREOU	23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION 23d. LOCATION 25c. REC'D BY REGISTRAR	N (City or Town) (County) (Stote) 25b REGISTRAR S SIGNATURE
1	VR A15 (4)		24 FUNERAL DIRECTOR LONG BLOW TE FLENCE A	12 Galegoelle W. d DATE NOV 22	101 1 0

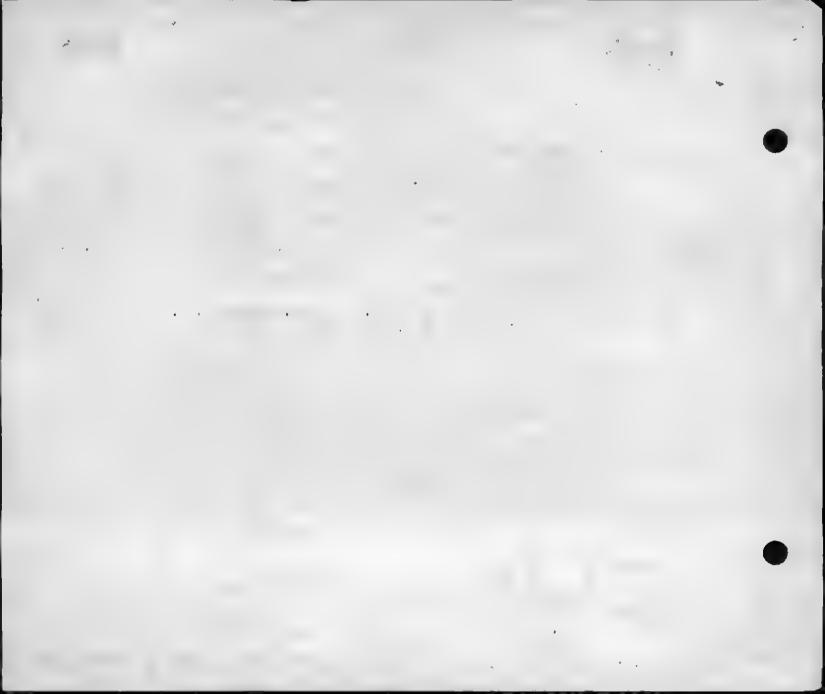


1 (1/1)	DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
ES.F.	15863 CERTIFICATE OF DEATH 15866
_ 6-0 <u>E</u>	PLACE OF DEATH a. COUNTY A. STATE b. COUNTY b. COUNTY D. COUNTY
completely filled in by the 1 ve carbon papers. Pages 1 event, within 72 hours after	b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) write RURAL and give nearest town)
P.S.	Gaithersburg d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE
g jag	d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? YES \(\sum \) NO \(\sum \)
3	NAME OF First Middle Last 4. DATE Month Day Year DECEASED OF
5	(Type or print) Helen Cassell Hilbert DEATH NOV 20 1966 SEX 6. COLOR OR RACE 17. MARRIED NEVER MARRIED 18. DATE OF BIRTH 9. AGE (In years FUNDER 1 YEAR (IF UNDER 24 HRS.
ľ	F W WIDOWED DIVORCED MARRIED NEVER MARRIED MARRIED 18. DATE OF BIRTH 19. AGE (In years FUNDER 14 PEAR FUNDER 24 HRS. Months Days Hours Min. Months Days Hours Min. Months Days Hours Min. Min.
10	Da. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT
a	ring most of working life, even if retired) Housewife NDUSTRY Woodberry, Maryland U.S.A.
1	3. FATHER'S NAME 14. MOTHER'S MAIDEN NAME
	John Samuel Cassell Louisa N. Smith
0	5. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address (es, no, or unknown) (If yes give war or dates of service)
_	No 213-10-3913 Asbury Methodist Home, Gaithersburg, Md.
	18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Circle coardinance of Colon with Kulastase. Due to
	Conditions, if any, which gave rise to immediate cause (a), stating the DUE TO
	underlying cause last. (c)
ATIO OT A	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO GEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED?
CERTIFICATION	20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of Injury In Part (or Part II of Item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
MEDICAL	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, factory, streat, office bldg., etc.) While Not While at work at work at work
	21. I certify that (I) (this hespital) attended the deceased from 4/25/63 19 to 11/20/66 19 that (I) (we) last
	saw the deceased alive on 1/24/66 19 and that death occurred at 330 PM, from the causes and on the date stated above.
L	22a. SIGNATURE 22b. DATE SIGNED RUMO. ATTENDING MED. STAFF 1/20/66
	22c. PHYSICIAN'S / A LIZZd. ADDRESS / A LIZZd. ADDRESS /
_	NAME (Type) 574/3 (edin Lane Bettesde plu) HEREY C. SCRUGGS M),
23	Bernal (Specify) 11/22/66 MT. Olivet Balkmare Md
2	4. FUNERAL DIRECTOR 301 ADDRESS 258. REC'D BY REGISTRAR'S SIGNATURE
_	Eis The Nobl Box Frances Judge

1 1	MARYLAND STATE DEPARTMENT OF HEALTH	
	DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1,	MARYLAND
를 들어를	25864 CERTIFICATE OF DEATH	19807
death. funeral and 2 death:	1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution: a. COUNTY a. STATE b. COUNTY	Residence before admission)
after y the f ges 1	MONTGOMERY MARYLAND MARYLAND MONTO	GOMERY
aft y th s aft	b. CITY DR TOWN (if outside corporate limits, write RUR) write RURAL and give pearest town) c. LENCTH OF STAY IN 1b c. CITY DR TOWN (if outside corporate limits, write RURA)	AL and give nearest town)
in b	I TAKOMA VARR	1 -
24 hours filled in by papers. Pa in 72 hours	d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS	e. IS RESIDENCE ON A FARM?
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strain and completely filled in by the funeral lease femove carbon papers. Pages 1 and 2 and in any event, within 72 hours after death.	3. NAME OF First Middle Last 4. DATE Month OF OF	Day Year
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uter cor	last birthday) Months	ER 1 YEAR FUNDER 24 HRS.
xec:	MINITE WIDOWEDS DIVORCED CT 3, 1897 69 yrs.	
- E 3 E	I during most of working life, even if retired) INDUSTRY //	CITIZEN OF WHAT COUNTRY?
an a		I.S.A.
Ficat phy oval,	13. FATHER'S NAME	
ding The emo	FRANK HILL MARY BOHN	
h co h co	15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMAN (Yes, no, or unknown) (If yes give war or dates of service)	11- 17.4Ke
leat e at oern	NO 160-14-5089 Richard All Alge	Miller Ille
law requires that the death certificate be extending physician. has been signed by the attending physicial e as the burial-transit permit. Then please or prior to burial, cremation, or removal, and in	18. CAUSE DF DEATH [Enter only one cause per line for (a), (b), and (c).]	INTERVAL BETWEEN ONSET AND DEATH
d by	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Multiple Myelom	Two years+
tha Sicial ial,	203X DUE TO	
phy phy bur bur	Conditions, if any, which gave rise to immediate (b)	
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pot of of	DESCRIBE HOW INJURY OCCURRED. (Enter nature of Injury in Part I or Part II of Item I OR CONTRIBUTING CAUSE OF DEATH OF CAUSE OF DEATH OF ITEM INTERPRETATION OF CONTRIBUTING CAUSE OF DEATH OF ITEM INTERPRETATION OF CONTRIBUTION OF THE INTERPRETATION OF THE INTERPRE	10.)
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ING be be star		
R. A	EL, TOTAL (I) (città libabita) desarros libe desarros libertalis de la liberta de la l	66, that (I) (we) last
Short share the standard share t	saw the deceased alive on 11-3 1966, and that death occurred at 345PM, from the causes and on 22b.	the date stated above. DATE SIGNED
DON THE THE WAY	ATTENDING MED. STAFF	1-2-61
AL DAR FILE	M.D. PHYS. DIRECTOR PHYS. 1/22c, PHYSICIAN'S 22d, ADDRESS	7.00
FRA # 4 # d be	NAME (Type)	
TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the Page 4 may be retained by the hospital or attending physician. To FUNERAL DIRECTOR: After this certificate has been signed b director, page 3 should be detached for use as the burial-fram should be filed with the State Dept. of Health prior to burial, cre	23a. BURIAL CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or REMOVAL (Specify)	county)(State)
57 5 p. p. s.	BEMOVAL (Specify) 16/6/1966 Eleversh tirly & The ton son of	E. France
	24. FUNERAL DIRECTOR ADDRESS CONTRACTOR STATE ADDRESS CONTRACTOR ADDRE	AR'S SIGNATURE
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20M 1/65	I wanted to	



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 1. PLACE OF DEATH 7. USUAL RESIDENCE (Where decessed lived, If institution, Residence before admission) e. COUNTY b. COUNTY Lontgomery MARYLAND 1-ryland wont, onery \$ 7 £ 100 b. CITY OR TOWN (if outside corporete limits, c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) write RURAL and give neerest town) Rural Da ascus Years Kural Damageus d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street eddress) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? hours YES NO Gaithersburg Route # papers. completel 3. NAME OF Middle 4. DATE 72 DECEASED OF (Type or print) Hiltner DEATH November Mary E. 19 66 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 9. AGE (In yeers | IF UNDER 1 YEAR 5, SEX B. DATE OF BIRTH IF UNDER 24 HRS. lest birthdey) Months and Days Female WIDOWED T DIVORCED 18901 physician 10e. USUAL OCCUPATION (Give kind of work 12. CITIZEN OF WHAT COUNTRY? Геломе 10b, KIND OF BUSINESS OR INDUSTRY | II. BIRTHPLACE (County & State, or fore an country) done during most of working life, even if settred liousewi.fe Frederick Laryland 13. FATHER'S NAME please 뜨 attending Marion Strailman Mae Gosnell 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 1 16. SOCIAL SECURITY NO.1 17. INFORMANT Address Md. (Yes, no. or unknown) | (If yes give we condetes of service) the 16 2160 Mrs. Hubert S. Yinger. Jr. Rt. Gaithersburg 1B. CAUSE OF DEATH [Enter only one cense per line for (e), (b), and (c).] ģ ONSET AND DEATH PART I. DEATH WAS CAUSED BY: OYLORA IMMEDIATE CAUSE (e) signed DUE TO aftending Conditions, if env. which (b) gave rise to immediate cause DUE TO (e), steting the underlying PART II OTHER SIGN FICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDIT ON GIVEN IN PART 1(a), 19. WAS AUTOPSY certificate PERFORMED? NO F 2Db. DESCRIBE HOW INJURY OCCURED, (Enter nature of injury in Part I or Port II of Iem 18.) 2De, ACCIDENT WAS UNDERLYING [늅 OR CONTRIBUTING | CAUSE OF DEATH After this (IF EITHER, NOTIFY MEDICAL EXAMINER) 20d. INJURY OCCURRED : 200. PLACE OF NJURY (Home, farm, 2Df. (City or town) (Slete) 20c. TIME OF INJURY Month, Dey, Yeer (County) factory, street, office bldg., etc.) While Not While Hour e.m. et work | et work D. m. άč CTO 19 De that (I) (ME) last ...19 a.m., and that death occured at saw the deceased alive on. **GIGNATURE** ATTENDING STAFF ΓŪ DIRECTOR PHYS. PHYS. M.D. HOSPITAL leath. Page 4 FUNERAL 22d. ADDRES® HYS CIAN'S NAME (Type) 23e. BURIAL, CREMATION, 23b. DATE THEREOF 23d. LOCATION (City, fown or county) 23c. NAME OF CEMETERY OR CREMATORY REMOVAL (Specify) 8. #O # Frederick, Maryland Burial Mount Olivet 250. REC'D BY REGISTRAR 256. REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR'S SIGNATURE **VR A15 (4)** 15M **■**/60 "R. Etchison & Son, Frederick,



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

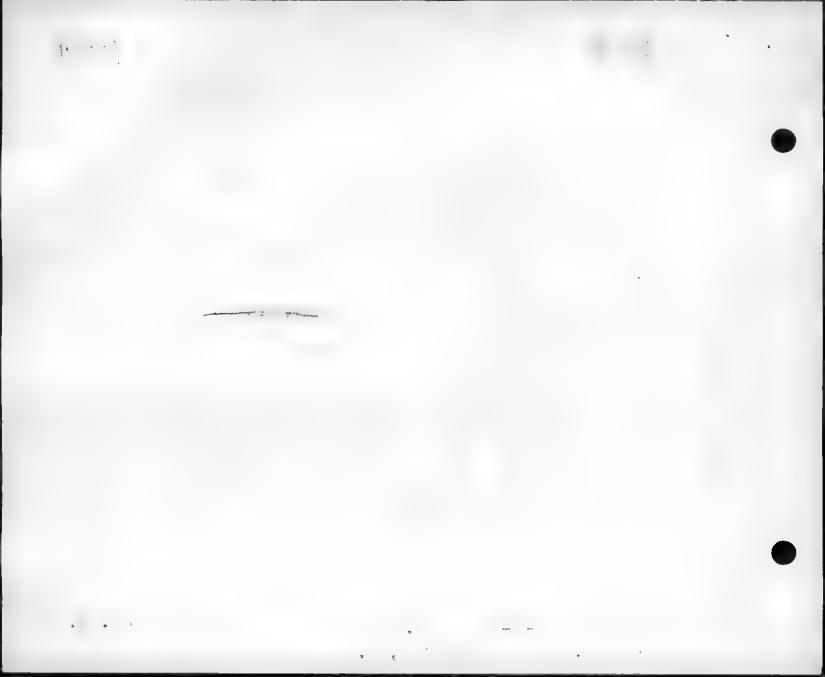
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CEDTIFICATE OF DEATH

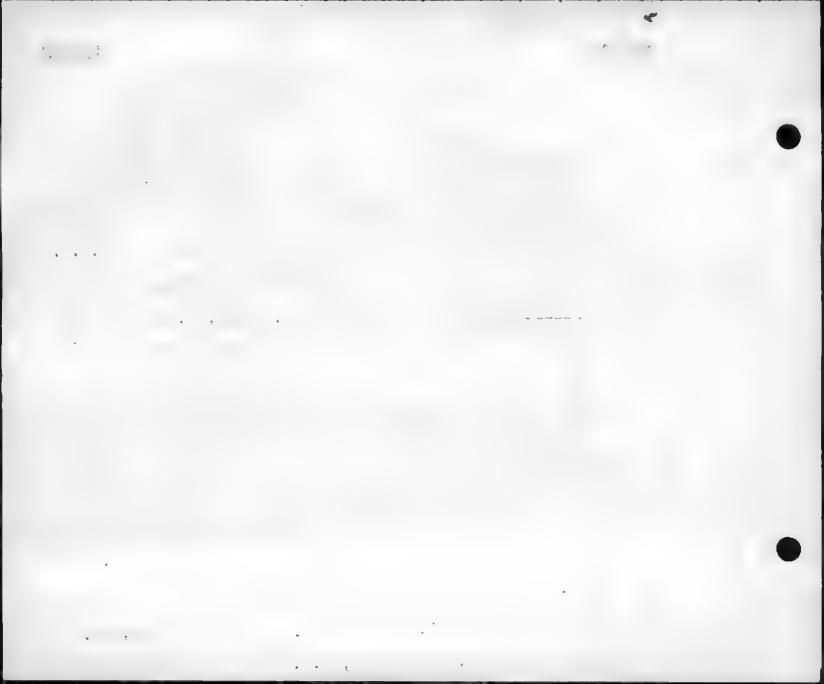
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b CITY OR TOWN (f ou	tside corporate limits.	c LENGTH OF STAY IN 16	c CITY OR TOWN (If outside corporate			
write RURAL and giv	e nearest town	4 22 425	OTMEY		,	
d NAME OF HOSPITAL O		ospita, g ve street address)	d STREET ADDRESS		e IS RESIDENCE ON A FARM?	
					YES NO 🔀	
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	COLOR OR RACE 7 M	ARRIED NEVER MARRIED	B. DATE OF BIRTH 9.	AGE (In years IF UNDER I		
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13. FATHER'S NAME	C 4	- Farm	14. MOTHER'S MAIDEN NAME	1		
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15 WAS DECEASED EVER IN (Yes, no, or ynknown) (If y			NFORMANT MES. WE	Hobbs /		
7/0			* .	2 - 0/	ey.Mo.	
18. CAUSE OF DEATH PART I DEATH W	AC CAHECO DV.	line for (a), (b), and (c).)			ONSET AND DEATH	
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stoting the underlying	g cause DUE TO	Congestive has	udiorascular de	Serest	2044	
PART II OTHER S GNIF	CANT CONDITIONS CONTRIL	BUTING TO DEATH BUT NOT RELATED TO T	HE TERMINAL DISEASE CONDITION GIVEN	N PART 1(a)	19 WAS AUTOPSY PERFORMED? YES NO	
200 ACCIDENT WAS UND OR CONTRIBUTING CO (IF EITHER, NOTIFY MEDI	AUSE OF DEATH	20b DESCRIBE HOW INJURY OCCURRED (Enter notice of njury in Part I or Part	II of stem 18)		
ZOC T ME OF INJURY Hour o.m.	Month, Day, Year		E OF INJURY (Home, form, 2Df pry, street, office bldg., etc.)	(City or town) (Cou	nty) (State)	
21. I certify t	21. I certify that (1) (this hospitar) attended the deceased fram 1966, to 1966, that (1) (we) last					
	sow the deceased olive on 100 11 1966, and that death accurred at 275 AM, from causes and on the date stated above.					
220 SIGNATURE	& Din	mo	ATTENDING - MED -	STAFE 22b DA	TE SIGNED	
22c PHYSICIAN'S		mu	22d. ADDRESS		G-//61	
NAME (Type)	A.D. 13 of	IFANT		sning, old.		
230 BUR AL CREMATION,	23b DATE THEREOF	23c NAME OF CEMETERY OR C	REMATORY 23d LOCA	AT ON (City or Town) (Caunty) (State)	
REMOVAL (Specify) Burial	11-26-56	Mt. Carmel	Sun	shine Mont.		
24 FUNERAL DIRECTOR		ADDRESS	2So REC'D BY REGISTRA			
Francis H.	Barber L	aytonsville, Md.	NOV 28 1966	3 Milanles &	udge	

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending—a sicion and completely filled in by the funeral director, page 3 should be detached far use as the burio -transit permit. Lies please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health priar to buriol, cremation, or removal, and in any event, within 72 hours after death. TO HOSPITAL OR ATTENDING PHYSICIAN: The law equires that the death cartificate be executed within \$4 hours after death. Page 4 may be retained by the hospital or attending physician. VR A15 (4) 25M 1/67

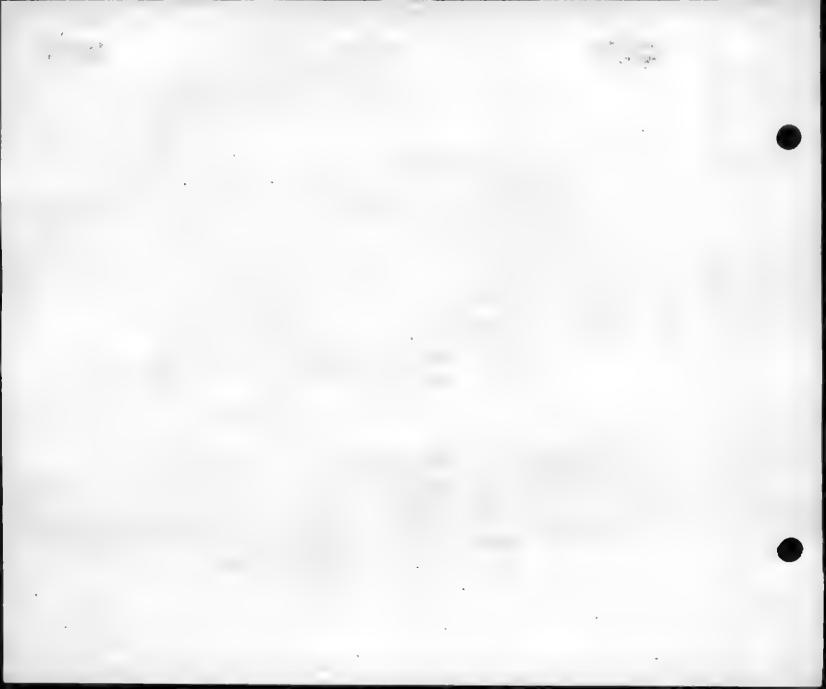


	LAM)		15867	7		CERTI	FICATE	OF DEATH			1	5871	
0	and completely filled in by the funeral remove carbon papers. Pages 1 and 2 in any event, within 72 hours after death		LACE OF DEATH					2. USUAL RESIDENCE	Where deceased	lived, if institut	tion: Residence b	efore admissi	an)
Ö			o. COUNTY Montgomery MARYLAND				o. STATE : 'aryland b. COUNTY lion' gomery						
ofte			b CITY OR TOWN (If outside corporate amits, CLEN				LENGTH OF STAY IN 16	c. CITY OR TOWN (If autside corporate limits, write RURAL and give nearest tawn)					
24 haurs ofter			write RURAL and give necrest town) Bethesda					Chevy Chase			10	10-1	
P			NAME OF HOSP T	AL OR INSTITUTION (H r	ot in haspital,	give street address)		d STREET ADDRESS			7 2	e IS RESI	DENCE
		Ŀ	esmor Sa	nitarium				7207 Map1	e Avent	le		ON A F	NO X
hin			NAME OF		ırst	Middle		Last	I 4 DATE	Man	th	Day Ye	
. <u>≅</u>			DECEASED Type or print)	Olive		G		Hough	OF DEATH	Noveml	ber 11	. 19	56
be executed within		5		6. COLOR OR RACE	7. MARRIED	NEVER MARR	IED E	B. DATE OF BIRTH	9.	AGE (In years	IF UNDER 1 YEA	R IF UNDE	R 24 HRS
		Fe	emale	white	WIDOWED	DIVOR		January 23,	1885	last birthday)	Months Do	rs Hours	Min.
		10a	LSUAL OCCUPATION	(Give kind af wark dane	105. 8	UND OF BUSINESS OR		11 BIRTHPLACE (Causty			12 C TIZEN	OF WHAT	1
	lease and i	dur	ng mpst af warking HOUSEWI	I te, even if retired)	A.	Home Home		Ohio			COUNT	Y?	
100	ificate has been signed by the attending physician. for use as the burial-transit permit. Then pf Health priar to burial, cremation, or remayal,	_	FATHER S NAME			0 110110		14. MOTHER'S MAIDEN	NAME			V . A.	
contribucate			John Gilm	ior.				Flora Bel	le Ho	nd ret ale	a		
		15	WAS DECEASED EVE	RINIIS ARMED FORCESS	16.	SOCIAL SECURITY NO	17, 1	NFORMANT	-0 1101	Addr			
eat		(Y∈	s, no, or unknown) No	(If yes give war ar dates	af service)	Vone	NT.	mmon C. I	Janah	Tm d.		40	
the death				FATH (Enter only and co			1 147	rman G. F	ionau'	11, 28	W6 88	INTERVAL BE	WEEN
			PART I. DEA	TH WAS CAUSED BY		Brench	ARM	eller pre	1			ONSEL AND	
- ਵੱ⊟			. t ,	IMMEDIATE CAUSE	(a)	PCF - C - C -	7					Tarried E. S.	
requires that			Conditions if any		(b)	Uren	u id					Sola	· 1
D de			rise to immediat		10	_					£ (}	/
J. W. F.		0	stating the under	rlying cause	(c) Le.	erce and aga	& a	Mucical	Resource	Card	orena	actica	use
e Le		z	PART II. OTHER SI	GNIFICANT CONDITIONS	CONTRIBUTING	TO DEATH BUT NOT R	ELATED TO T	HE TERMINAL DISEASE CO	ND THON GIVEN	N PART 1(0)		19 WAS AUT PERFORN	OPSY
4		ATIO	(an	chut (Thees	nhoses	12,	165 4	10/8/	62		YES	NO 🖭
E -		CERTIFICATION	20a ACC DENT WA		20b D	ESCRIBE HOW INJURY	OCCURRED.	Enter noture of injury in	Part ar Pert	of item (8)			
		ER	(IF EITHER, NOTIFY	MEDICAL EXAMINER)									
F of	this cert etached Dept. a	MEDICAL	20c. TIME OF INJ	JRY Month, Day, Year		NJURY OCCURRED		E OF INJURY (Hame, fare		(ity or town)	(County)		(State)
<u> 5</u> ±		MEI	n.o ruoH	10	White at wa	e Nat While C	1000	ary, street, affice bldg., etc.	.)	,			
2.2	Se de la company					ided the decease	d fram 🔀	lexury,	1965 , ta	11/11	1966	that (I) (we) las
INI	TO FUNERAL DIRECTOR: A director, page 3 shauld shauld be filed with the			eceased alive an_	11/	9 1966	, and that	death accurred a	1:20em	fram causes	and an the	late state	l abave
Fig.			22a. SIGNATURE		0/1	7	_	ATTENDING	MED	STAFF _	22b. DATE S		
OR J			2	deren (1. 0-	acher	3.M	PHYS 🔼	DIRECTOR	PHYS.	llov.	11, 19	56
₹ ≥			22c. PHYSICIAN'S NAME (Type		Parko	9*		22d. ADDRESS	15-6	st N.	1 - 1N/2	120	
SPIT A													
H 6		230	BURIAL, CREMATIC REMOVAL (Specify		IEREOF	23c NAME OF CE				TION (City or To	,	nty) (S	itate)
0			Burial		4/66	Ft. Li	ncolr	Gem.	Blac	denshu	re Ma	MIDE	
	VR A15 (4)		FUNERAL DIRECTO			ADDRESS		DATENC	D BY REGISTRAR	956 ²⁵⁶ R	EGISTRAR'S SIGNI	()	
	20 M 1/66		Joseph	Gawler's	Sons	Woghin	cton	D C DATE	1 (T)	000	7-10	Lucas	-



Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

- IN	M		15868	CERTIFICATE	OF DEATH		15871
de d			PLACE OF DEATH			ere deceased lived, if institution: Res	idence befare admission)
_ 5			a. COUNTY DO N TO DO STERY B CITY OR TOWN (If autside corporate lim is,	MARYLAND C LENGTH OF STAY IN 16	c CITY OR TOWN (if gots	b. COUNTY rde carparate limits, write RURAL and	ONT GOMERY
by the formal Pages Incurs after		-	write RURAL and give nearest town)	110	SILVER	SPRING	110 1-1
子 . 丘 公立		/-	d. NAME OF HOSPITAL OR INSTITUTION (If not in	haspital, give street address)	d. STREET ADDRESS	22 11 110 6	8 IS RESIDENCE ON A FARM?
in 24 haurs of filled in by th papers. Pag hin 72 haurs of	9 .		WASH SAN	& HOSP.	1028 GUG	bec TERRAC	E YES NO
			NAME OF First DECEASED 10 A 0	Middle	Last	4 DATE Month	Day Year
olet car			(Type or print) /// AR Y	Jessephine,	4 CUSLEY	OF DEATH Novemb	DER I YEAR TIF UNDER 24 ARS.
executed and cample remove co		J.	4 4414	MARRIED NEVER MARR ED 8	6-7-13	last birthday) Mant	
ex and rem		100	USUAL OCCUPATION (Give kind of work done	10b KIND OF BUSINESS OR	6-7-13 1) BIRTHPLACE (County 8		CITIZEN DE WHAT
		dor	ing mast at warking life, even it retired) TORE DETECTIVE	RETAIL - DEPT - STORI	17		COUNTRY? AMERICAN
certificate Tobysicial Seri pleas		13	FATHER'S NAME	METALL DELLE NOR!	14. MOTHER'S MAIDEN NA		MEAISHA
E E			ALEX HA	Y 1/0 S	ANN	4	
death remired		15 (Ye	WAS DECEASED EVER IN U.S. ARMED FORCES? es, na_or_unknawn) ((If yes give war ar dates af ser		IFORMANT	2. Chester 122	D. Quelan. To.
attend an, ork		Ĺ	10	1/75-22-098	o. Douglas 1		
£ U.E			18. CAUSE OF DEATH (Enter only one couse p. PART DEATH WAS CAUSED BY	0 4	10	n 1 1 1	INTERVAL BETWEEN ONSET, AND DEATH
that to an. by the ransit			IMMEDIATE CAUSE (a) _ Due to	acuto m.	1 jocardia	C Infairles	Voc.
ysid ysid ned riol-1 riol-1			Canditians, if any, which gave) (h)	6		6	
sign bur			rise to immediate cause (a), DUE TO				
ding reding been the or to		L CERTIFICATION	last. (c)				
he lo attenion nas b e as e as	s.		PART II. OTHER SIGNIFICANT CONDITIONS CONTA				19. WAS AUTOPSY PERFORMED?
ar a	3,1		Galadas Meller		/	, (oce) through	Keli TYES NO X
PSICIA haspital of is certifical lached far bept. of He			20a. ACC DENT WAS UNDERLYING □ OR CONTRIBUTING □ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	205. DESCRIBE HOW INJURY OCCURRED. (Enter nature at injury in Pa	ntil ar Part II at Hem 18)	
his chart		MEDICAL	20c TIME OF INJURY Manth, Day Year Haur a.m.		F OF INJURY (Hame, farm, ry, street, affice bldg., etc.)	20f. (City or town)	(Caunty) (State)
Fer the de		W	p.m 19	at wark 🗀 at wark 🗀	1		
Afficación			21. I certify that (!) (this haspita	al) attended the deceased fram_	death accurred at	65, to The fam course and a	19,25, that (I) (we) last
TOR the			220 SIGNATURE,	J 17 - , und mus		226	DATE SIGNED
DIRECTOR A See 3 s			Within S.	1 Sue MD		IRECTOR PHYS.	los 14, 1866
F = 2 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5	1		22c PHYSICIAN'S NAME (Type) ARTHUR S.	BRESLER, M.D	22d ADDRESS	OCKE OD INIOS	SILVER SPRING
O HOTHIT Ragil 4 m O FUNERA director, I should be	1	230	BURIAL, CREMATION, 23b DATE THEREO			23d LOCATION (City or Town)	(Caunty) > (State)
5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5		L	BEMOVAL (Specify) NOV. 17.			Bridgiville.	1 serve
VR A15 (4)		3	FUNERAL/DIRECTOR	ADDRESS ADDRESS	11111	BY REGISTRAR 256 REGISTRAR	
20 M 1/66		1	2000 100 100 100 1 1 254 (anal www.w. ruan	DATE NO	DV 1 6 1966 77	carley Judge.



FOR STATE HEALTH DEPT

DEPUTY MEDICAL EXAMINER: This certifi≡te should be —cated within 24 hours after death. If any delay is necessary, please execute the certile, writing the ward "pending" in pendil in New, 18. Give Pages 1, 2, and 3 to the funging it rector. Page 4 should be failed to the Chief Medical Examiner's Office along with farm PM3. Page 5 may be retained by your files. I your files. Funeral DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State and of Health, or its designated agent, prior to barial, cremotion, at removal, and in anywerent within 72 hours after death.

5	40 A	5
	A15	

15869	ME	DICAL	EXAMINER'S	CERTIFICA	TE OF DEAT	H Reg. Dist. No.	15872
PLACE OF DEATH	Montgomery	hospingh b	MARYLAND		Where deceased lived If it	institution: Residence before DUNTY Montgome	
Jakoma Par	k		L LENGTH OF STAY IN 16	Silver Sp	If outside corporate I mits.	write RURAL and give ne	-
	AL OR INSTITUTION (116 Sanitarium			d. STREET ADDRESS	1)rive		ON A FARM? YES NO 12
3. NAME OF DECEASED (Type or print)	Viola		Middle	Hunter	4. DATE	Month Day	Year 19 66
5. SEX Jemale	White	WIDOWED		April 16, 18	1 1 1 1	yrs Months Days	HOURS MIN
during most of working Housewife 13. FATHER'S NAME	ON (Give kind of work dong life, even if retired)		n Home	(State of the state of the stat		U. S.	WHAT COUNTRY?
IVes, no, de pelnove) NO 18. CAUSE OF DEA	ER IN U. S. ARMED FOR: If yes, give war ar dates of se NONE TH. Enter only one coust TH WAS CAUSED BY:	10	3-18-4472A M	Lucinda y rs. Ruth Aus	1.725 ^{Ad}	NTER	de STATE PARTIES NO AND DEATH
Conditions, if a gave rise to imme (a), stating the course tost.	diete cause underlying DUE TO (c)_	Bil Car	lateral stale	ctasis tomach	AINAL DISEASE CONDITION	J GWEN IN PART LOSS	MAC ALTOROV
PART II OTE	USE WAS 20h		HOW HIJURY OCCURRED (E				ES NO
20c TIME OF INJU Hour o.m. p. m.	RY Month, Doy, Year	20d, INI While at work	Not white facts	CE OF INJURY (Home, for ory, street, office bldg., ele	m, i 20f. (City or fown)	(County)	(State)
	resulted from: N	oturol co	1 Capi		Homicide . Und	Inquiry D. determined manner	and in my DATE SIGNED
	N 226 DATE THEREOF	22	Rayville Cemer		Long Islan	1 41 11 1	(State)
1 - 7 - 7	arter CER arter Ormphrey, Ir	Minty	ADDRESS .	Ave. 240 REC	D. BY OSOISTANT 24	REGISTRATE STOR NATURE	Judge

The 1 4 1 FLIMARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18



15870CERTIFICATE OF DEATH 2 USUAL RESIDENCE (Where deceased lived, if institut an Residence before admis PLACE OF DEATH o STATE Maryland b COUNTMONTgomery COUNTY Montgomery MARYLAND b CITY OR TOWN (If autside corporate limits, C LENGTH OF STAY IN 16 c CITY OR TOWN (If auts de carparate limits, write RURAL and give nearest town) write Rushland que negrest town) Silver Spring 13 months d NAME OF HOSPITAL OR INSTITUT ON (If not in haspital, give street address) d STREET ADDRESS IS RESIDENCE ON A FARM? 515 Thayer Avenue Holy Cross Hospital NO Midd e 4 DATE 3 NAME OF First Lost Month Year OF DECEASED Cora Hurley November 25 66 Mary 19 (Type or print) DEATH 8 DATE OF BIRTH AGE (In years IF UNDER 1 YEAR LIF UNDER 24 HRS SEX 6 COLDE DE RACE 7 MARRIED **NEVER MARRIED** last chrythday) Female Doys HOUTS January 6,1906 WIDOWED DIVORCED 12 CITIZEN OF WHAT 10g USUAL OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR 11. BIRTHPLACE (County & State or foreign country) during most of working life, even if retired) COUNTRY? INDUSTRY U.S.A. MANYLUXO 13 FATHER'S NAME 14 MOTHER'S MAIDEN NAME Charles Garland Bowls Mary 17 INFORMANT 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO Address (Yes, no, or unknown) [If yes give war ar dates of service] CoralieA. Geiwitz. Rockville INTERVAL BETWEEN CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c)) ONSET AND DEATH PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) DUE TO Canditions, if any, which gave (b) rise to immediate cause (a), DUE TO stoting the underlying cause last WAS AUTOPS) PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(o) PERFORMED? CFRTIFICATION NO 205 DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Part I or Part II of item 18) 20a ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) MEDICAL 20d INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, (City or town) (County) (Stote) 20c TIME OF INJURY Month, Day, Year factory, street, affice bldg., etc.) Hour o.m. Nat While While at work at wark 1966 21. I certify that (I) (this haspital) attended the deceased fram. 10 66, and that death accurred at M, fram causes and an the date stated above saw the deceased alive an... **DATE SIGNED** 22a SIGNATURE DIRECTOR M.D. PHYS. PHYS. 22d ADDRESS NAME (TYPE) RICHA mD 1CY02 CONNECTICUT 23c. NAME OF CEMETERY OR CREMATORY 23a BURIAL CREMATION 23b DATE THEREOF 23d LOCATION (City or Town) (County) (State) REMOVAL (Specify)
Burial Arlington Nat 17 Arlington **ADDRESS** Sons Gawler's inc. DEC 1966 Ave. N.W. Wisc. DATE

death.

ve corbon papers. Pog event, within 72 hours

corbon

remove

please

signed by the attending physical buriol-tronsit permit. Then pl buriol, cremotion, or removol,

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with the Stote Dept. of

director, page should be filed

VR A15 (4)

20 M 1/66

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TO FUNERAL DIRECTOR: After this certificate director, page 3 should be detached far up

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24 hours after deoth

The law requires that the death certificate be executed within

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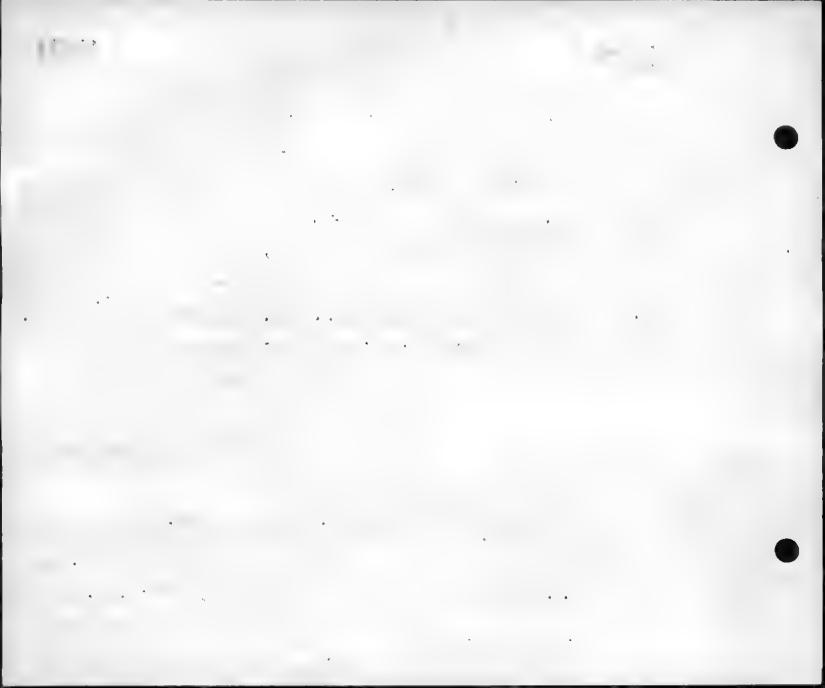
O HOSPITAL OR ATTENDING PHYSICIAN; The law re Page 4 may be retained by the hospital or ottending



15071	CERTIFICATE	OF DEATH		15874
1. PLACE OF DEATH 0. COUNTY Montgomery	MARYLAND	2. USUAL RESIDENCE (When o. STATE Virgi	re deceosed lived, if institution Resider b. COUNTY	nce before odmiss an)
b CITY OR TOWN (If outside corporate limits Bethesda (rural)	tength of stay n ib	Arlington	e corporate limits, write RURAL and giv	ve neorest town)
d name of Hospital or Astitut on (if no Naval Hospital	t in hospital, give street address)	d STREET ADDRESS 4716 North	Dittmar Road	8 IS RESIDENCE ON A FARM? YES NO IX
3 NAME OF FIR		Lost 4	DATE Month	Doy Year
(Type or pnnt) S SEX 6 COLOR OR RACE		JAMES B DATE OF BIRTH	9 AGE (In years IF UNDER	1 YEAR IF UNDER 24 HRS
Female Cauc.	WIDOWED DIVORCED	Dec. 15, 1920		Doys Hours Min
100 US., AL OCCUPATION (Give kind of work done during most of working life, even if refired) 110usewite	106 KIND OF BUSINESS OR INDUSTRY N/A	11 BIRTHPLACE (County & Sto	linois	OUNTRY?
13 FATHER S NAME		14. MOTHER'S MAIDEN NAM		
Dayle Snyder 15. WAS DECEASED EVER IN U.S. ARMED FORCES?	16 SOCIAL SECURITY NO 17	Beatrice R		Э.
(Yes po, or unknown) (If yes give wor or dates of	service)	ot. Jack M. Ja		
Conditions, if any, which gove rise to immediate cause (a), stating the underlying cause	(b)	DOLAT TODG W.	ain Benign	
PART II OTHER SIGNIFICANT CONDITIONS CO	ONTRIBUTING TO DEATH BUT NOT RELATED TO	THE TERMINAL DISEASE CONDITI	ON GIVEN IN PART 1(0)	PERFORMED?
200 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	205 DESCRIBE HOW INJURY OCCURRED.	(Enter nature of injury in Port	I or Port II of item IB.)	
20c TIME OF INJURY Month, Doy, Year Hour o.m. 19	While of work of work of	CE OF INJURY (Home, form, tory, street, office bldg., etc.)	,	ounty) (State)
21. I certify that (1) (this has saw the deceased alive an 1)	pital) attended the deceased from I Toy 28 1966, and the	loy。28 , 19 <u>6</u> It death accurred at43	6 , ta Nov. 28 , 1960 O PM, fram causes and an	66 , that It) (we) lathe date stated above
220 SIGNATURE	irchust M			Nov. 1966
22c PHYSICIAN'S NAME (Type) P.T.Kirch	ner MD	Naval Hosp	ital, Bethesda, 1	Md
230 BURIAL CREMATION, 236 DATE THE REMOVAL (SPETY) 12/1/19			23d LOCATION (City or Town) Dennisville, N	(County) (Stote) ew Jersey
24. FUNERAL DIRECTOR Arlington	Funeral Homes Arlington	250. REC'D BY	REGISTRAR 256 REGISTRAR S	

TO FUNERAL DIRECTOR: After this certificate has been signed by the attantive physician and completely filled in by the funeral director, page 3 shauld be detached far use as the burial-transit permit. Then please remave carban papers. Pages 1 and 2, shauld be filed with the State Dept. of Health prior to burial, crematian, ar removal, and in any event, within 72 haurs after death. IO HOFFITAL OF ATTENTING FIFYSICIAH: The faw requires that the death certificate Be ex≡cuted =ithin 24 hours after death Page 4 may be retained by the haspital or attending physician.

VR A15 (4) 20 M 1/66



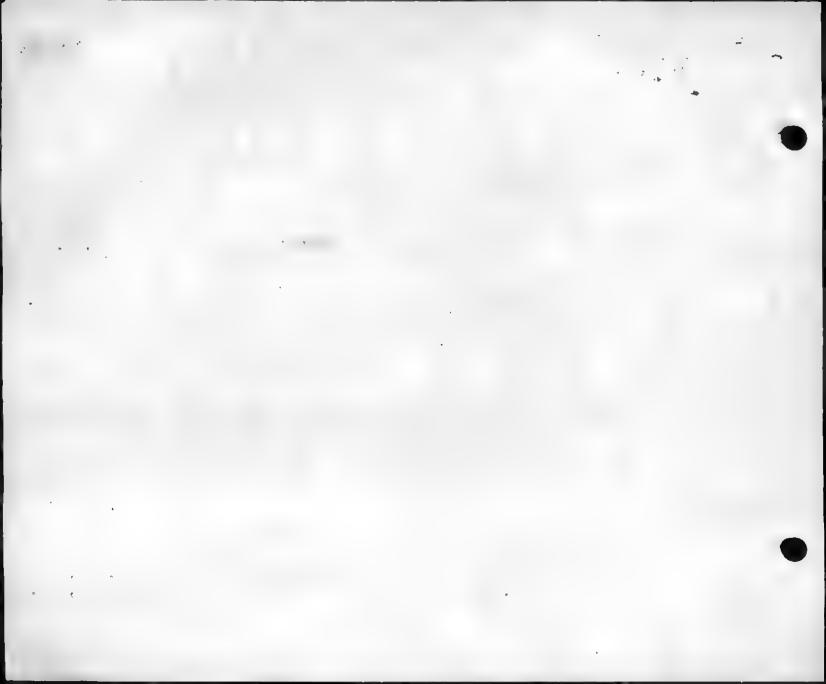
TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If any delay incressary, please mecute the certificate, writing the mord "pending" in item 18. Give Pages 1, 2, and 3 to the funeral mector. Fage 4 mouth be furwarded to the Chief Medical Examiner's Office mouth mith form MM3. Page 5 may be retained for your files.

TO FUNERAL DIRECTOR: Page 8 should be used as a burial-transit permit. The pages 1 and 2 with the State Department of Health or its designated agent, prior to burial, cremation, or removal, and in any event within 78 hours after death.

VR A15ME 3500 4-64 MARYLAND STATE DEPARTMENT OF HEALTH
Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
15872 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

15075

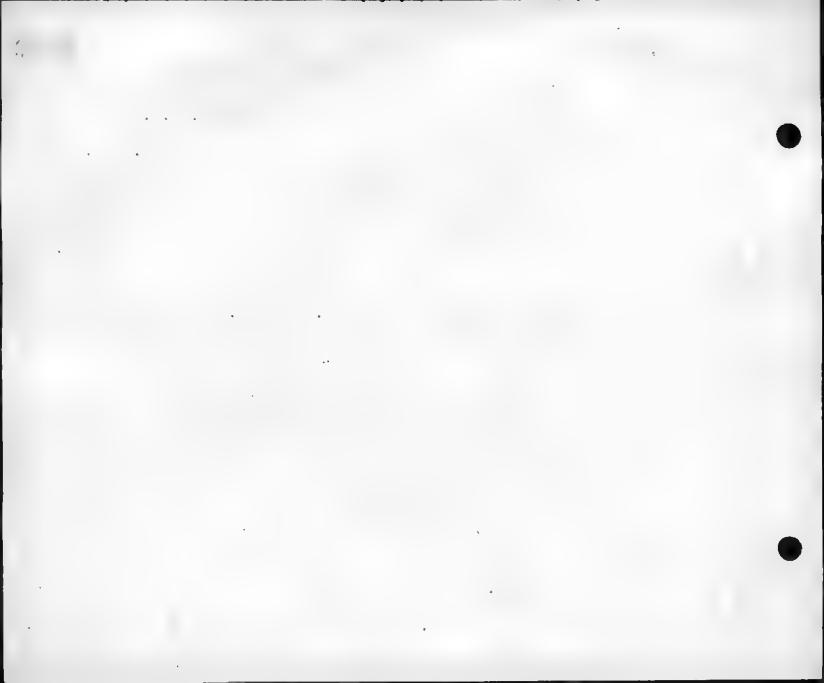
1. PLACE DF DEATH	2. USUAL RESIDENCE (Where deceased lived, If Institution: Residence before admission)
a. COUNTY Montgomery MARYLAND	* STATE Maryland b. COUNTY Montgomery
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)	c. CITY OR TOWN (If outside corporate limits, write RURAL end give nearest town)
Bethesda 8 years	Pethesda / /
d. NAME OF HOSPITAL DR INSTITUTION (If not in hospital, give street address)	d. STREET ADDRESS e. IS RESIDENCE
6309 Orchid Drive .	6309 Orchid Drive ON A FARM?
3. NAME DF First Middle	Lest 4. DATE Month Day Year
(Type or print) ANNA JIN	GO DEATH NOV. 13, 1966
5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED	8. DATE OF BIRTH 9. AGE (In yeers IF UMINE 1 YEAR IF UNDER 24 HRS.
Female White WIDOWED DIVORCED	Sept. 27,1880 Ret birthdey) Months Dem Hours Min.
10a, USUAL OCCUPATION (Give kind of work done 10b, KIND OF BUSINESS OR	11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY?
during most of working life, even if retired) INDUSTRY HOUSEWife	Roumania U. S.
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Goorge Sumlar	Unknown
George Sumley 15. WAS DECEASED EVER INU.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17.	INFORMANT Daughter Address T. C.
(Yes, no, or unkown) (If yes give war or dates of service)	Same as Item 2.
	1rs. Raymond Kerr
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY:	
IMMEDIATE CAUSE (a) Coronizing	Insufficency Acute ONSET AND DEATH
taul DUE TO DILL	Ular Disease. Years
Conditions, If eny, which (b) Conditions Conditio	7/21 0136286. 76013
cause (a), stating the DUE TO	
underlying cause last. (c)	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELE	ATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(6) 19. WAS AUTDPSY PERFORMED? YES NO NO
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO BE STORY OF THE PRIMARY [] OF CONTRIBUTING [] CAUSE OF DEATH. 20a. EXTERNAL CAUSE WAS PRIMARY [] OF CONTRIBUTING [] CAUSE OF DEATH. 20b. DESCRIBE HOW INJURY OCCUR. 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLA factory of the pure of th	URRED. (Enter nature of injury in Pert I or Part II of Item 18.)
20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLA	ACE OF INJURY (Home, farm, 20f. (City or town) (County) (State)
Hour e.m. While Not While	pry, street, office bidg., etc.)
21. I certify that I took charge of the remains described above, he	id an Autopsy , inspection , inquiry , and in my opinion
	icide , Homicide , Undetermined manner
death resulted from: Natural causes X, Accident X, Sui	CHIEF MEDICAL EXAMINER
ACTUAL O. S. B B. ES	M.D. ASSISTANT MEDICAL EXAMINER 22. DATE SIGNED
SIGNATURE JOHN J. J.	DEPUTY MEDICAL EXAMINER NOV. 14,1966
EXAMINER'S JCHN G. BALL	Address (Street, city, town, or county) Bethesda, Md.
23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETER	
Lurial 11-16-66 Parklawn C.	emetery Rochville, Maryland
24. FUNERAL DIRECTOR ADDRESS	25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE
ROBERT A. PUMPHREY, Bethesda, Mary	Land DATE NOV 2 1 1966 Thomas Judge



VR A15 (4) 20 M 1/66 15873

2 USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission PLACE OF DEATH o. COUNTY Montgomery MARYLAND c CITY OR TOWN (If outside corporate limits write RURAL and give nearest town) b CITY OR TOWN (If outside corporate limits, C LENGTH OF STAY IN 16 write RURAL and give negrest town) washington. D.C. Kensington OR INSTITUTION (II not in Associated, give street oddress)

Hall Sanitarium d STREET ADDRESS e IS RESIDENC 5350 Nebraska Ave. Carroll 3. NAME OF Middle 4 DATE Last Month DECEASED ZABETH nnson (Type or print) DEATH AGE (In years S. SEX IF UNDER 1 YEAR IF UNDER 24 HRS 6 COLOR OR RACE 7 MARRIED NEVER MARRIED birthday) Doys Hours DIVORCED WIDOWED 10a USUAL OCCUPAT ON (Give kind of work done OF BUSINESS OR 12. CITIZEN OF WHAT 10b 11. BIRTHPLACE (County & State, or foreign country) COUNTRY? A. during most of working life leven if retired)
Housewife INDUSTRY Pennsylvania 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME Unknown 15. WAS DECEASED EVER NUS ARMED FORCES? 16 SOCIAL SECURITY NO. 17. INFORMANT Address same as #2 (Yes, na, ar unknown) (If yes give war or dates of service) Mrs. Felix M. Halluin NTERVAL BETWEEN 18. CAUSE OF DEATH (Enter only one cause per Je ONSET AND DEATH PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (d) DUE TO Conditions, if any, which gave rise to immediate couse (a), DUE TO stating the underlying cause last. WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) NO 20d ACCIDENT WAS UNDERLYING 20b DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Part I or Port II of item 1B.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER 20e PLACE OF INJURY (Home, form, 20d INJURY OCCURRED (City or fown) (County) (State) 20c. TIME OF INJURY Month, Day, Year Haur a.m. factory, street, office bldg., etc.) While of work of work 21. I certify that (I) (this haspital) attended the deceased fram 1966 and that death accurred at 144 M, fram couses and an the date stated above. saw the deceased alive an later 220 SIGNATURE PHYS DIRECTOR PHYS 22c PHYSICIAN S Andrew E. Rudnai NAME (Type) 23c NAME OF CEMETERY OR CREMATORY 23a BJRIAL, CREMATION 23b DATE THEREOF 23d LOCATION (Cit or Town) Ft. Lincoln Cemetery Prince Georges County . Md REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR ADDRESS 2Sa. RECD BY REGISTRAR



permit. F

used as a burfal-transit to burial, cremation, or

TO FUNERAL DIRECTOR: Page 3 should be of Health or its designated agent, prior

MARYLAND STATE DEPARTMENT OF HEALTH 15874

ISTICAL RESEA	RCH AND RECORD	S, 301 W. PRESTON	STREET, BALTIMORE	1, MARYLAND
MEDICAL	EXAMINER'S	CERTIFICATE	OF DEATH	15877

1. PLACE OF DEATH	2. USUAL RESIDENCE (Where deceased lived, If institution: R	esidence before admission)
Mantgonneil Marylan	NO B. STATE MERY/200 B. COUNTY NA	ontromery
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)	· · · · · · · · · · · · · · · · · · ·	
Chery Chase	Chevy Chose	e 1
d. NAME OF HOSPITAL OR ANSTITUTION (If not in hospital, give street eddr	ress) d. STREET ADDRESS	e. IS RESIDENCE
8709 SUSAFIND Lane	8709 Susannz Lone	1 163 [] 110 [24
3. NAME OF First Middle	Last 4. DATE Month	Day Year
(Type or print) Jo /3e35	Johnson DEATH /VOV	20 1966
5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED	8. DATE OF BIRTH 9. AGE (In yeers IF UNDER lest birthday) Months	Days Hours Min.
Te WIDOWED DIVORCED	1 1776 20 yrs.	
10s. USUAL OCCUPATION (Give kind of work done) 10b. KIND OF BUSINESS OR during most of working life, even if retired) INDUSTRY	60	ITIZEN OF WHAT
3todent	Washington. DC 12	-5
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME	
Kenneth. Bradly. Johnson.	Mery Smart.	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. (Yes, no, or unknown) (1f yes give war or dates of service)	17. INFORMANT Address	
(1 def 100) at minimity (11 les Bite ara at mates d) sattire)		
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), end (c).]		INTERVAL BETWEEN
	ot Abdoman	ONSET AND DEATH
Conditions, If any, which (b)		
gave rise to immediate		
ceuse (a), stating the underlying cause tast.		
	RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(8)	19. WAS AUTDPSY
ATT.		PERFORMED?
20a. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY	OCCURRED. (Enter nature of injury in Part 1 or Part II of Item 18.	
PARTIL OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT 20a. EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING CAUSE OF DEATH. 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e While A work at work at work at work at work	upper celclomer with shot gun. 1	29000 -
20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e	PLACE DF INJURY (Home, farm, 20f. (City or town) (Cou	inty) (State)
Hour a.m. May 20 66 While Not While at work	factory, street, office bldg., etc.)	Lant- NId-
21. I certify that I took charge of the remains described above		and In my opinion
death resulted from: Natural causes, Accident,	Suicide . Homicide . Undetermined manner	
ACTUAL Offin & Bell	CHIEF MEDICAL EXAMINER	22. DATE SIGNED
SIGNATURE	M.D. ASSISTANT MEDICAL EXAMINER	12 -
EXAMINER'S	7930 UMP IQUESAME TOWN Read BE	thesda hd.
NAME (Type) John G. Ball 230. BURIAL CREMATION, 23b. DATE THEREOF 23c. NAME OF CEME	ETERY OR CREMATORY 23d. LDCATION (City, town or co	
DCMOVAL (Concile)	M Add 13 Man Man Man	
of States Bustones	1 OF A DECID BY DEGISTRAD I OSK DECISTRAD	'S SIGNATURE
Tyson Wheeler Funeral HomeRockvill	ckville Pike NOV 2 2 1966 gcl	carles Judge
Rockvill	le, Maryland Nov & & 1000	The state of

VR ALSME (5) 1/65



MAN THE PARTY NAME OF THE PART

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit then please remaye carbon papers. Pages 1 and 2 should be filed with the State Dept of Health prior to burial, cremation, or remodal, and in any event, within 72 hours after death.

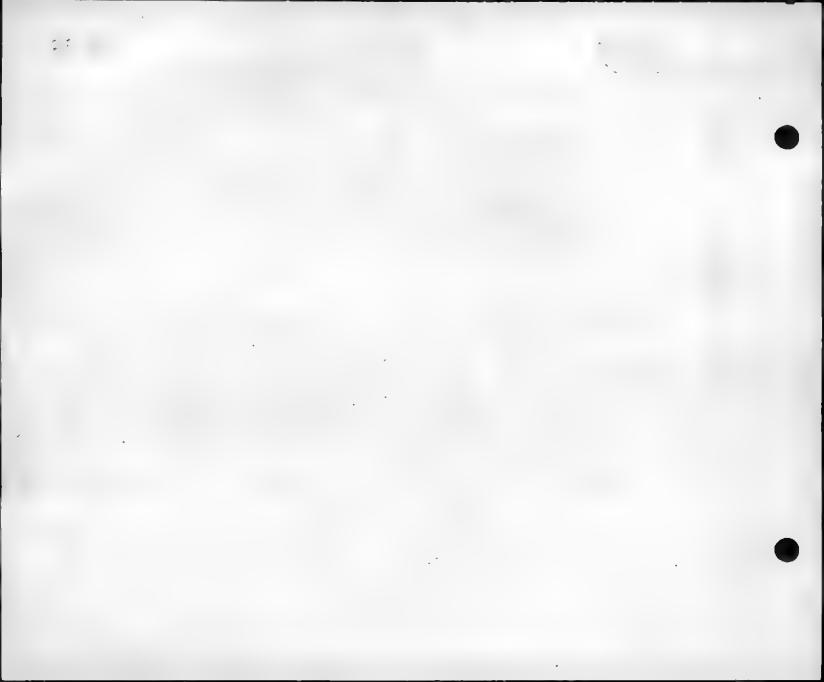
O HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the deoth certificate be executed within 24 hours after deoth

Page 4 may be retained by the hospital or attending physician.

VR A15 (4) 20 M 1/66

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

15875			CERTIF	ICATE	OF DEATH			158	78
PLACE OF DEATH	1				2 USUAL RESIDENCE (No. STATE Mary)		sed lived, f instituti b. COUN	on Residence before North Montgor	re odmission)
	ntgomery			TLAND					
b CTY OR TOWN of write RURAL on	(If autside corporate limit d give nearest tawn)	ts,	C. LENGTH OF STAY I	N 1b	CCITY OR FOWN (IF au	itside corpara	ite limits, write RUR	(A) and give neare	st tawn)
	(lney	45 days		Ashton			1511	
d. NAME OF HOSPI	TAL OR INSTITUTION (If in	at in hospital, i	give street address)		d. STREET ADDRESS				e IS RESIDENCE ON A FARM?
Monte	omery Gen e	ral Hos	spital						YES NO
3 NAME OF		rst	M-ddle		Last	4 DATE	Mant	h Day	Year
DECEASED (Type or print)	Sarah		Rebec	ca	Johnson	OF DEATH	Nov.	7	19 66
S SEX	6 COLOR OR RACE	7. MARRIED	NEVER MARRIED		B. DATE OF BIRTH		AGE (n years	IF JNDER 1 YEAR	F JNDER 24 HRS
_	D. #	WIDOWED	DIVORCE		9-3-86		(last birthday)	Months Days	Hours Min
Female	Negro	1	E-3	<u>' [] </u>		0 (1444 444	1,0	12 CITIZEN O	E MANAT
during most of working	N (Give kind of wark done i life, even if retired)		IND OF BUSINESS OR IDUSTRY		11. BIRTHPLACE (County		reign country)	COUNTRY	?
	, , , , , , , , , , , , , , , , , , , ,				llaryla				USA
13. FATHER S NAME					14 MOTHER'S MAIDEN I	NAME			
Isai	ah Dent				Sara	ah?			
1S. WAS DECEASED BY	ER IN U.S. ARMED FORCES	16.	SOCIAL SECURITY NO.	17. 1	NFORMANT		Addre	iss	
(Yes, na, ar unknown)	(If yes give war or dates	of service)		77.	ontgomery Ge	on mālī	Hognita	l Olnev	4.7
Conditions, if any nse to immedia stating the underlast	(, which gave the cause (o), erlying cause	(b) (c) A			LOTIC C			3- SE 7	
200 ACC DENT WIND OR CONTRIBUTION	PART IF OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) PEREBLAL THROMBOSIS: OBSTRUCTIVE JAUUDICE YES \(\) NO \(\)								
	AS UNDERLY NG [[] G [[] CAUSE OF DEATH / MEDICAL EXAMINER)	205 06	SCRIBE HOW INJURY O	CCURRED	(Enter nature of injury in	Part 1 or Par	t II of item 18.)		
월 Haur o.	JRY Manth, Day, Year m. 19	20d I While otwor			CE OF INJURY (Home, farm ory, street, office bldg., etc.)		(City or town)	(County)	(State)
	ify that (1) (this ho	spital) atten			t death occurred at	1:00	mirom causes	and on the diff	hat (I) (we) I fe stated abo
220/SIGNATURE		10	wis	M.I	111111	MED. DIRECTOR	STAFF PHYS.	226 DATESIG	N666
22t. PHYSICIAN NAME (Type			1		22d. ADDRESS				
23g_BUR AL, CREMATI REMOVAL (Specif	サム 1/17/	IEREOF 66	235 NAME OF CEMI	EVERY OR	NATIONAL	H	CATION (City or to	wn) (Count	A
24 FUNERAL DIRECT	K A		ADDRESS		DATE 1	D BY REGISTI	1966		y Judge



Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CEDTICICATE OF DEATH

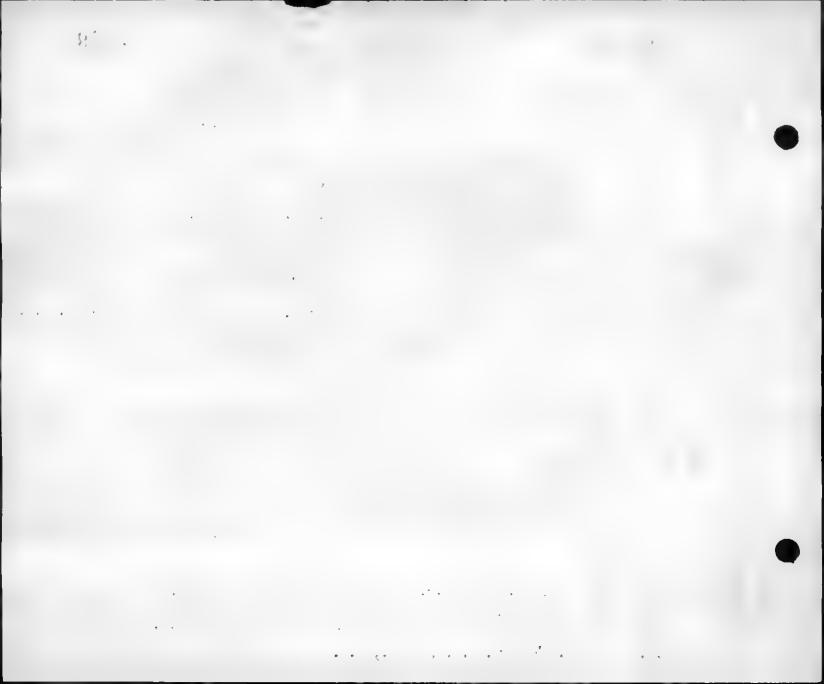
	70040			CERTII	TCATE	OF DEATH						
ī	PLACE OF DEATH					2 USUAL RESIDENCE	(Where deced			re befor	odmissi	on)
	o. COUNTY MON.	ICOMERY		MAR	YLAND	o. STATE Distri	et of	Columbia	NTY			
	b CITY OR TOWN (If outside corporate limits	,	C LENGTH OF STAY	IN Ib	c CITY OR TOWN (If o				е пестез	tawn)	-
	W BETHE	d give nearest town) SDA		32 days		Washing	ton d	· 0 ·		,		
Г	d. NAME OF HOSPIT	AL OR INSTITUTION (If no	it in hospital, g	ive street address)		d. STREET ADDRESS					IS RESI	DENCE
	NAVAL	HOSPITAL				5920 14th	st N	<i>I</i>			YES 🗍	
3	NAME OF DECEASED (Type or print)	Helen	st	Stewart Middle		JONES	4 DATE OF DEATH	Novembe		18 ^{Doy}		66
5	S£X	6 COLOR OR RACE	7 MARRIED	NEVER MARRIE	0 0	B DATE OF BIRTH		9. AGE (In years	IF UNDER	YEAR Days		R 24 HRS
F	emale	Cauc	WIDOWED	DIVORCE	D 🔲	Jan 30, 18	94	lony burthday)	Muths	Dale	Hours	Min
10a	ng most of working Housew	(Give kind of work done life, even if retired)		ND OF BUSINESS OR DUSTRY		1) BIRTHPLACE (Count Chester			12 CIT CO	IZEN OF UNTIUS	WHAT A	
13	FATHER'S NAME					14. MOTHER'S MAIDEN	NAME					
	Charles 1	3 STEWART				Mary C	VAN KI	EECK				
IS	WAS DECEASED EVE	R IN U.S. ARMED FORCES? (If yes give wor or dotes o	16. 5	OCIAL SECURITY NO.		NFORMANT		Addr				,
(1	es, no, or unknown)	ILIT Yes give wor or dotes o	Service	INKNOWN	E	mest L. Jo	NES 59	920 14th	st NW	WAS	H. I).C.
	Conditions, if ony rise to immediat stating the under	e couse (o), rlying couse	(o)	etastasis						ONS	ERVAL BET SET AND I	HTA3D
CATION	PART II OTHER ST	GNIFICANT CONDITIONS (WAS AUT PERFORM S 📉	NO
L CERTIFICATION		S UNDERLYING CAUSE OF DEATH MEDICAL EXAMINER)	205. DES	CRIBE HOW INJURY O	CCURRED	(Enter nature of injury in	Port I or Po	rt II of item IB)				
MEDICAL	20c TIME OF INJ Hour o.t	10	20d IN While at work	JURY OCCURRED Not While of work	20s. PLA foct	CE OF INJURY (Home, for ory, street, office bldg., etc	rm, 20f	(City or town)	(Cou	unity)		(Stote)
		fy that (!) (this has eceased alive an 1		led the deceased	from	18 OCT , t death occurred a	19 <u>66</u>	Mfrom couses	and an th	66 th	ot (I) ((we) la
	220. SIGNATURE	ereazed alive air	<u> </u>	7)	- dedin occurred o	1 4 2 2 4	H-17-11 G111 CG03C3		ATE SIGN		d apar
	7,70	mint	J. Ke	enan it	M.I	D. PHYS	MED DIRECTOR	STAFF PHYS	- /	.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
	22c. PHYSICIAN'S NAME (Type	Francis D.	KEENAN	V Jr.		USNH, BE	THESD	A, MD.				
23	BURIAL, CREMAT (REMOVAL (Specify	ON, 236 DAJE THE	766	23c NAME OF CEM		CREMATORY emetery		OCATION (City or To		(County)	,	Stote)
2	FUNERAL DIRECTO)R		ADDRESS		25a. REC	D BY REGIST		EGISTRAR'S S			
S	.H. HINE	5 CO. 18th	St. N.W	. , WASH.	, D.C	DATE	10112	0 1966	Cilia	res	Jud	lgiz .

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending by section and campletely filled in by the funeral director, page 3 shauld be detached far use as the burial-transit permit. The makes remave carban papers. Pages I and 2 should be filed with the State Dept. of Health priar to burial, crematian, or remover, and in any event, within 72 haurs after death Page 4 may Le retainmil by the haspital or attending physician.

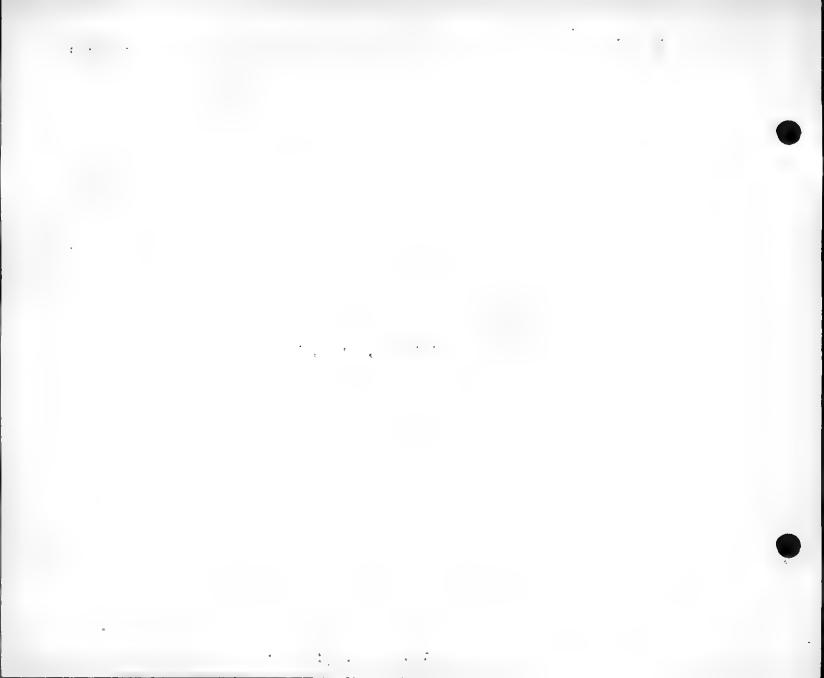
IN NOSPITAL OR ATTENDING PRIVICAN: The low requires that the death certificate by executed within 24 hours after deat

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VR A15 (4) 20 M 1/66



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 15877 MEDICAL EXAMINER'S CERTIFICATE OF DEATH HEALTH DEPT. 2 USUAL RESIDENCE (Where deceosed ved, finstitution, Residence before admission) PLACE OF DEATH h COUNTY o STATE delay and e IS RES DENCE ON A FARM? d NAME OF HOSP TAL OF INSTITUTION (If not in hospital, give street address) d STREET ADDRESS hours alang with form NO X State 3 NAME OF Middle_ DECEASED the within (Type or print) S SEX 6 COLOR OR RACE F UNDER 1 YEAR 7 MARR ED NEVER MARRIED tast birthdoy) Doys WiDOWED DIVORCED This certificate should be executed within 24 hours 12 CITIZEN OF WHAT 10b KIND OF BUSINESS OR INDUSTRY. any Chief Medical Examiner in pencil 13 FATHER'S NAME IS WAS DECEASED EVER NUS ARMED FORCES? 16 SOCIAL SECURITY NO 17 INFORMANT (Yes not drunk pown) (If yes give wor or dotes of service) 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c). PART I DEATH WAS CAUSED BY SONSET AND DEATH IMMEDIATE CAUSE (o) cremation, DUE TO Conditions, if any, which gove 4 shauld be forwarded to rise to immediate cause (a). DUE TO stoting the underlying couse PART II OTHER'S GNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES T NO ar its designated agent, prior ta pe 200 EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Port 11 of item 18.) 3 should PRIMARY Or CONTRIBUTING CAUSE OF DEATH 20c. TIME OF INJURY Month, Doy, Year 20d, INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, (City or town) (Stote) (County) factory, street, office bldg., etc.) Not While Page of work 21 I certify that I taok charge of the remains described above, held an Autopsy 💢 Inspection X, Inquiry X and in my opinion the funeral director. Natural causes X Accident . Suicide . deoth resurted from: Homicide Undetermined manner CHIEF MEDICAL EXAMINER ACTUAL 22. DATE SIGNED ASSISTANT MEDICAL EXAMINER SIGNATURE DEPUTY MEDICAL EXAMINER **EXAMINER'S** Health c Address (Street, city, town, or county) NAME (Type 230 BUR.A. CREMATION 23b DATE THEREOF 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) (County) 50 REMOVAL (Specify) Parklawn Cemetery 11-25-1966 Rockville, Md. Remova 250 REC'D BY REGISTRAR 24 FUNERAL DIRECTOR 2Sb. REGISTRAR'S SIGNATURE awler's Sons, Ing. W51 VR A15ME (5) 99



OF STATISTICAL RESEARCH ESTON STREET, BALTIMORE 1. MARYLAND pinays USUAL RESIDENCE (Where deceased I ved, if institution, Rasidence before admission) MARYLAND CITY OR TOWN (if outside corporate limits. c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest fown Lancaster d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS I. IS RESIDENCE ON A FARM? YES NO D West Vine St. npletel 3. NAME OF 4. DATE DECEASED OF 2 (Typa or print) DEATH 19 6. COLOR OR RACE , 7. MARRIED NEVER MARRED T 5. SEX IF LINDER 24 HRS 19. AGE [In years IF UNDER 1 YEAR] last birthday) DIVORCED WIDOWED [10a. USUAL OCCUPATION (Giva kind of work I 105 KIND OF BUSINESS OR INDUSTRY 12. CIT ZEN OF WHAT COUNTRY? done during most of working life, even if ratifed) 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME ple 1 16. SOCIAL SECURITY NO (Yas, no. or unkown) (If yas give war or datas of service 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c),(INTERVAL BETWEEN g physician signed by t ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO Conditions, if any, which (b) gave risa to immadiata causa DUE TO (a), stating the underlying has causa last WAS AUTOPS PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED PERFORMED? NO 1 20b. DESCRIBE HOW INJURY OCCURED, (Enter natura of neury in Part I or Part I of Itam 18.) 20s. ACCIDENT WAS UNDERLYING OR CONTRIBUTING [] CAUSE OF DEATH 20c. TIME OF INJURY Month, Day, Year | 20d. INJURY OCCURRED 20a. PLACE OF INJURY (Home, farm, 20f. (City or town) (County) (Stata) factory, streat, offica bldg., atc.} Whila Not While at work at work CTOR: 21. I certify that (I) (this hospital) attended the deceased from ... saw the deceased alive on..... the couses and on the date stated above. DATE 22a, SIGNATURE SIGNED ATTENDING STAFF DIRECTOR PHYS. PHYS. O HOSPITAL death. Page 4: O FUNERAL director, page 3 be filed with the M.D. 22d. ADDRESS 22c. PHYSICIAN'S NAME (Type OR CREMATORY 23a. BURIAL, CREMATION, REMIDVAL (Specify) 0 7 2 VR A15 (4) 15M 9/60



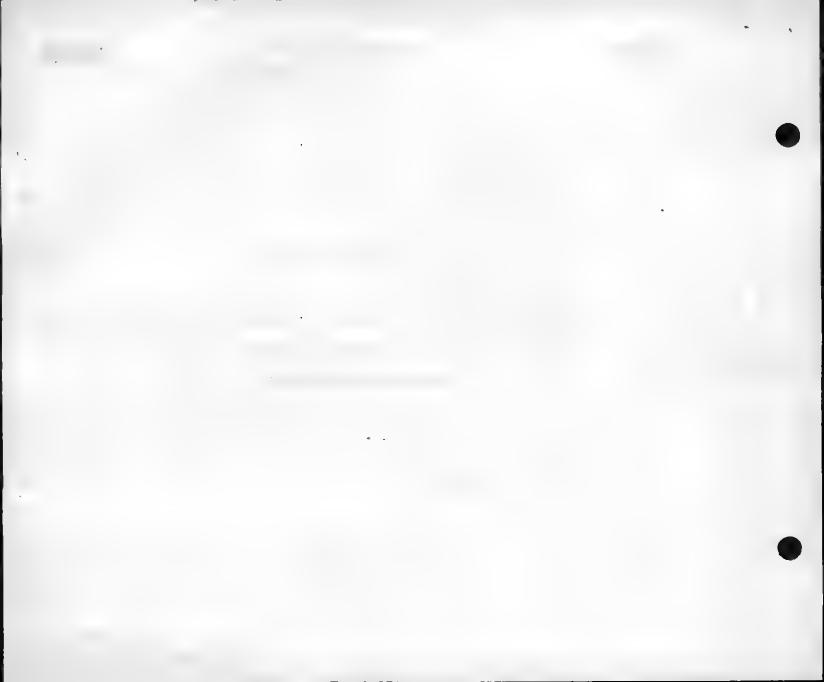
Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 15881 15879 CERTIFICATE OF DEATH

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and		PLACE OF DEATH					here deceased lived if institut		fore admission)
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by the fur bages 1 ours after		Kensington M	d.			Cheverl	y, Md		
ho in t		I NAME OF HOSPITAL OR INSTITUTI		a ve street address)		d. STREET ADDRESS		*	a IS RESIDENCE
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ple ed	S		RACE 7 MARRIED	NEVER MARRIED		DATE OF BIRTH	9 AGE (In years	IF UNDER I YEA	R IF UNDER 24 HRS
e é è e		emale white				an 2, 1890	last birthday)	Manths Day	
Acceuted within 24 hours after deoth with a completely filled in by the funeral remove corbon popers. Pages 1 and a cony event, within 72 hours after deoth			WIDOWE				Y15.		
	10a	USUAL OCCUPATION (Give kind of w	ork dane 10b	KIND OF BUSINESS OR		11. BIRTHPLACE (County &	& State, or foreign country)	12 C T ZEN	OF WHAT
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ssition please 1, ond	_	FATHER'S NAME		JW11 110111C		14. MOTHER'S MAIDEN N	<u> </u>	- 2	**
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eat a set	(Y∈	s, na, ar unknown) (If yes give war	or dates of service)		Geo	rge F. Kah	ne Seabrook	. "arvla	and.
ottendii permit.		no			1			7	
the the		18 CAUSE OF DEATH (Enter only PART I DEATH WAS CAUSED	ane cause per line l	or (a), (b), and (c))					INTERVAL BETWEEN
to the second	Ч	NAMEDIA WAS CAUSED	E CAUSE (a) Ca	raco-with	Ma	way faile	ul		ONE CT AND DEATH
± 8 ₹ 5 € 7	5	13	DUE TO A	-4	4	()			11
Signal Signal	1	Canditions, if any, which gave)	21.	7 /2 7 male land	akie	heart de	ACA		Years
学を買う	10	rise to immediate cause (a),	(b)	at the feeling	/ un	7420001 00	apon si v	-	1
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国际指揮の 文	Œ.	Hour a.m.	Whi	ile _ Nat While _	facta	ry, street, affice bldg., etc.)			
t de e	*	p.m.		ark 🗀 at work 🗀					
見る 後 かっかい かん		21. I certify that (I) (his haspital) atte	inded the deceased fi	ram _	1 1	965 to 21 N	<u>OU , 19 66 ,</u>	that (I) (we) last
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OR ITTER DIRECTOR: 3 shoul led with th		220. SIGNATURE	1	^				22b. DATES	IGNED ,
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Page 4 may o FUNERAL director, po should be fi	230		DATE THEREOF	23c NAME OF CEMETE	RY OR E	10000007	23d LOCATION (City or To		inty) (State)
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5 5 5 5	24	FUNERAL DIRECTOR		ADDRESS		ų ,		GISTRAR'S SIGNA	TURF
VR A15 (4)	24		Done Hwa	ttsville, Md					
20 M 1/66		14 vascii s	-ons mya	PERMITTE! MO		DATE IN	OV 2 3 1966	Missel	2 Judge



~(M)	1	5880	CERTIFICATE OF DEATH	15882
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remayer		·		IDOWED DIVORCED 3-26-/88	Restricted and American Days Hours Min
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ling phy . Then remova			WAS DECEASED EVER IN U.S. ARMED FORCES?	The SOCIAL SECURITY NO 17 INFORMANT	narrisan Addies Lane as
by the attending physician and campletely transit permit. Then please remayercarban rremation ar removal and in any event wi		(11	(If yes give war ar dates af servi	1220-34 9110 A Fecharle A Section (a), (b) and (c)	ester akare interval Between ONSET AND DEATH WEEKS
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deta deta		MEDICAL	20x TIME OF INJURY Month, Day, Yeor Haur o.m. p.m. 19	20d INJURY OCCURRED While Not While at work at work at work when the street is the street in the str	20f (City or tawn) (Caunty) (State)
FOR: After hauld be th the Star	>		21. I certify that (I) (this hospital saw the deceased alive an 22a SIGNATURE		2 19 (1) (www last 2 19 (1) (ww
) FUNERAL DIRECTOR: A director, page 3 should should be filed with the	,		CELERA CO PHYSICIANS	22d ADDRESS Co.	RECTOR D STAFF D Now 3 (166)
UNERA ector, p		230	BURIAL CREMATION, 23b. DATE THEREOF	230 NAME OF CEMETERY OR CREMATORY	23d LOCATION (City or Tawn) (County) (State)
⊭	(24	remartion 11-4-66 ROBERT A. PUMPHREY	Cedar Hill Crematory ADDRESS 250. RECUB BY	Snitland Maryland Y REGISTRAR 256 REGISTRARS SIGNATURE
R A15 (4	1		ROBERT A. PUMPHREY	, Bethesda, Maryland NO	V 10 1956 PCharles Indal

TO HOPPITAL OR ATTINDED PHYSICAN: The law requires that the death certificate be executed within 24 Bours after death Page 4 may be retained by the hespital as attending physician.



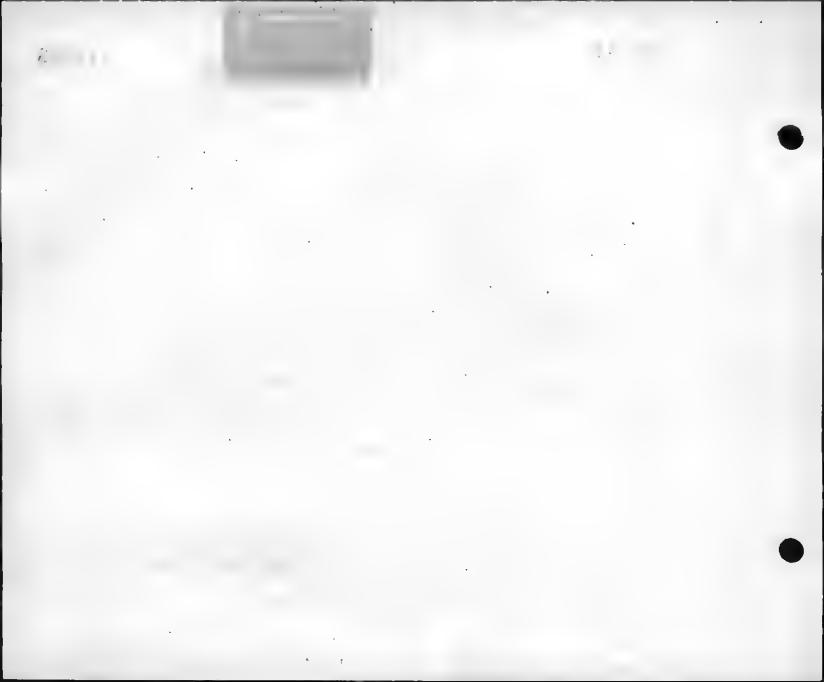
Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

•		15881		CERTIFICATE	OF DEATH		15883
		PLACE OF DEATH O COUNTY	Harnerel.	MARYLAND 2	USUAL RESIDENCE (Whe	ere deceased lived, if institution Resider	nce before odm ssion)
	-	b CITY OR TOWN (If autside write RURAL and give no	corporate Imits,	or of STAY IN 16	CITY OR TOWN (If outside	de corporate limits, write RURAL and giv	e neorest town)
	1	d. NAME OF HOSPITAL OR II	STITUTION (If not in haspital, give stree	t address) d	38/5-	Josh horte	e. IS RESIDENCE ON A FARM? YES NO
		NAME OF DECEASED (Type or print)	Vernon 1	Middle Kof	Lost 4	S. DATE Month OF DEATH	Day Year 27 1966
	s 7/	nate u!	hite WIDOWED [DIVORCED []	DATE OF BIRTH	9 AGE (n years last birthday) 9 2 yrs Manths	Days Hours Min
	dur	ng mast of Jorking life ever	rifretired) ANDUSTRY	JSINESS OR	11 BIRTHPLACE (COLORY & S	and 2	TIZEN OF WHAT
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	(Ye	es, no, or unkhawn) (f yes g	ive war ar dates of service)	Wa	Her Or	nmunal sine	INTERVAL BETWEEN
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	CERTIFICATION	- 0	FROTIC CEREB	ROVASCULA OW INJURY OCCURRED (Ent	K Dist	EASE	PERFORMED? YES NO
	CAL CERTI	OR CONTRIBUTING (CAUS (IF EITHER, NOTIFY MEDICAL	E OF DEATH EXAMINER)				unty) (State)
	MED (20c TIME OF INJURY Mai Hour a.m p.m.	19 While No	ot While factory, t work	OF INJURY (Home, form, street, affice bidg., etc.)		
		21 I certify that saw the decease 220 SIGNATURE	t (I) (this haspital) attended the			PM, from causes and an t	he date stated above. ATE SIGNED
		72c PHYSICIANS	ihane Hol	Ce M.D		ED. STAFF PHYS D 11	27/66 md
	02.	NAME (Type) RIG	CHARD HE	Men mp	10400 CO	MECTICAL Are	KENSNGTON
		BURIAL, CREMATION, REMOVAL (Specify)	11/30/66	Rockville		23d LOCATION (City or Town) Rockville, Mar	
	24	Tyson Wheel	er Funer 1 Home	Rockville.	ille 201160 B	registrar 25b registrars 5	signature Judges

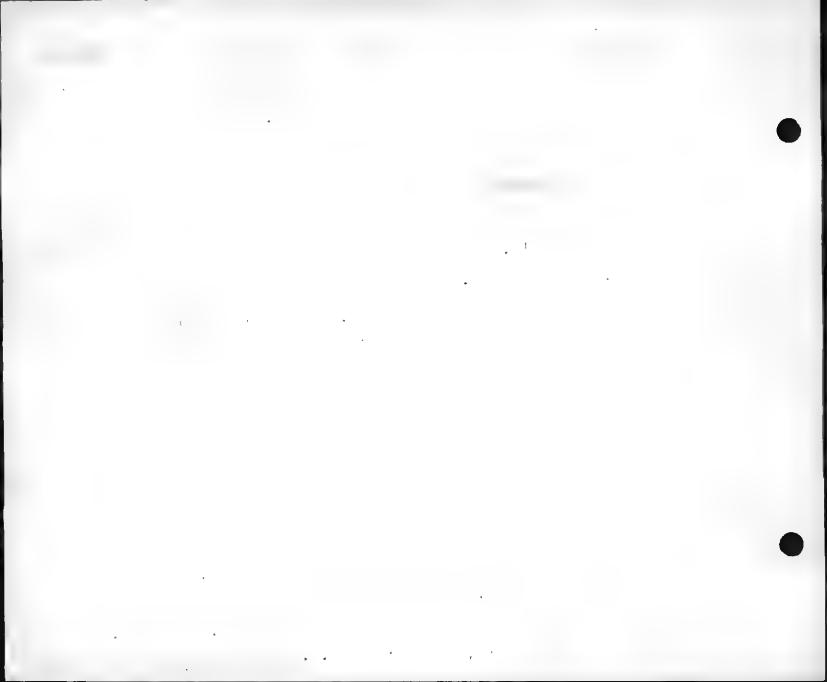
TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physicagn and campletely filled in by the funeral director, page 3 shauld be detached far use as the burial-transit permit. They please remove carban papers Pages 1 and 2 shauld be filed with the State Dept. of Health prior to burial, crematian, ar removal, and any event, within 72 hours after deather. VR A15 (4) 20 M 1/66

10 HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death.

Page 4 may be retained by the haspital ar attending physician.



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH, AND PRESTON STREET, BALTIMORE, MARYLAND 21201 MEDICAL EXAMINER'S CERTIFICATE OF DEATH PLACE OF DEATH 2 USUAL RESIDENCE (Where dereosed lived, if institution; Residence before admission o. COUNTY b. COUNTY P.M.S. Page and 3 to Department of death b CITY OR TOWN (f outside corpo guts de corporate limits, write BURAL and give nearest town) d NAME OF HOSPITA. OR INSTITUTION (If not in hospital give street oddress) d STREET ADDRESS e IS RESIDENCE ON A FARM? haurs in pencil in Item 18. Give Pages 1, State | по 🔀 This certificate shalld be executed within 24 haurs after Beath alang with 3 NAME OF Fre mont First Middle DATE Month DECEASED OF DEATH the within Type or print) 8 DATE OF BRI S SEX IF UNDER 24 HR 7 MARRIED NEVER MARRIED AGE (n years birthdoy) lost Months Doys Office o event 10b KIND OF BUSINESS OR 12 CITIZEN OF WHAT COUNTRY? 14 MOTHER'S MAIDEN NAME gug 16 SOCIAL SECURITY NO. 17. INFORMANT the Chief Medical (Yes, no. or unknown) {(If yes give wor or dates of service) removal, Dr. Frances O. Kelsey, Same as 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) INTERVAL BETWEEN PART I DEATH WAS CAUSED BY SISE AVERENTY Coronary Insufficiency. Б IMMED ATE CAUSE (o) writing the ward burial, crematian, **DUE TO** Cardio Vascular Disease. Conditions of any, which gove rise to immediate couse (a). 0 DUE TO stoting the underlying couse farwarded lost. VAS AUTOPSY PART II OTHER SIGNIFICANT CONDITIONS CONTRIBLYING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) PERFORMED? please execute the certificate, NO pe shauld be 20o EXTERNAL CAUSE WAS priar 20b DESCRIBE HOW INJURY OCCURRED (Enter noture of injury in Port I or Port II of item 18.) 3 should PRIMARY Or CONTRIBUTING CAUSE OF DEATH. 20c TIME OF INJURY Month, Doy, Year 20d INJURY OCCURRED 20e PLACE OF INJURY (Home, form, 20f (City or town) (County) (Stote) While foctory, street, office bldg., etc.) Not While may be retained far your FUNERAL DIRECTOR: Page ot work ot work Inquiry X 21. I certify that I took charge of the remains described above, held on Autopsy Inspection X and in my opinion the funeral directar. deoth resulted from Natural causes X Accident Suicide | Homicide Undetermined monner CHIEF MEDICAL EXAMINER ACTUAL 22. DATE SIGNED SIG NATURE DEPUTY MEDICAL EXAMINER **EXAMINER'S** NAME (Type) Address (Street, city, town, or county) 23d LOCATION (City or Town) 230 BURIAL CREMATION. 23c. NAME OF CEMETERY OR CREMATORY (County) (Stote) REMOVAL (Specify) Burial ADDRESS 24 FUNERA, DIRECTOR 250 RECD BY REGISTRAR VR A15ME (5) Joseph Gawler's Sons, Washington, D.C. BAH NOV

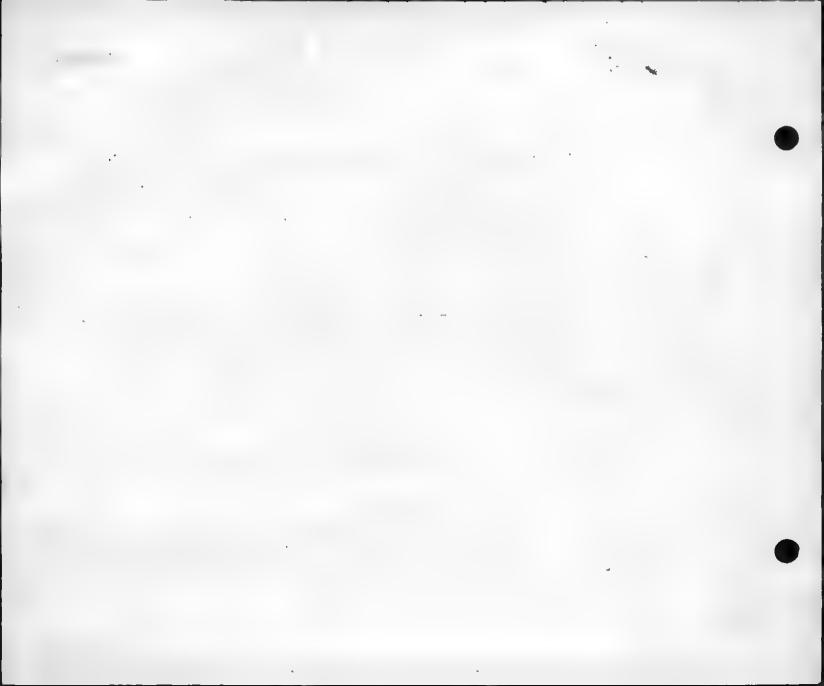


saw the deceased alive on 19/26 19 66, and that death occurred at 5PM, from couses and an the date stated obove 22g_SIGNATURE 22g_SIGNATURE ATTENDING MED DIRECTOR STAFF 22b DATE SIGNED 11/26/66; 22c/PHYS CIANS 22d ADDRESS 22d ADDRESS AMME (Type) Jeseph. F. Schauno 92 17 76 16 16 16 16 16 16 16 16 16 16 16 16 16	Division of STATISTICAL RESEA	ARCH AND RECORDS, 30	I W. PRESTON STRE	ET, BALTIMORE, MARYLA	ND 21201
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21. I certify that (I) (this hospital) attended the deceased from 10/31, 1966, ta 11/26, 1966, that (I) (wis) large saw the deceased alive on 11/26 19 66, and that death occurred at 5PM, from couses and an the date stated obove 22g-Signature 22g-Signature 22g-Signature 11/26 / 166; 22h DATE SIGNED 11/26 / 166; 22l ADDRESS NAME (Type) Jeseph. F. Schauno 22d ADDRESS 42 7 7 12 12 12 13 14 15 15 15 16 15 16 15 16 15 16 15 16 15 16 16 16 16 16 16 16 16 16 16 16 16 16	20c TIME OF INJURY Month, Day, Year 2Dd. If				(County) (State)
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NAME (Type) Jeseph. F. Schauno 9217 Prixers alle die tit	sport- ht. dz har	me hill M.	D. PHYS.		11/26/66
Jescoh John Jakob Jak		1		orl.	O T. HI
22- D. DINI COCHAT ON 225 DATE THEREOF TO A HAME OF CENTERY OF CREATION 124 IOCATION (City of Town) (County)	Jeseph. F. Ja	MAUNO	1401	1/アストイイント で	Clark Att Collect
	23g. BURIAL, CREMATION, 23b DATE THEREOF	23c. NAME OF CEMETERY OR		23d LOCATION (City or Town	, , , , , , , , ,
Rucha Checity Nov. 30, 1966 Glenwood Cemetery Washington, J. C.	Ruela Checity) Nov. 30, 1966				
24 FUNERAL DIRECTOR John B. Thomas John B. The Company of the Comp		ADDRESS Georgi	//	10 AA 17	STRAR'S SIGNATURE Judge

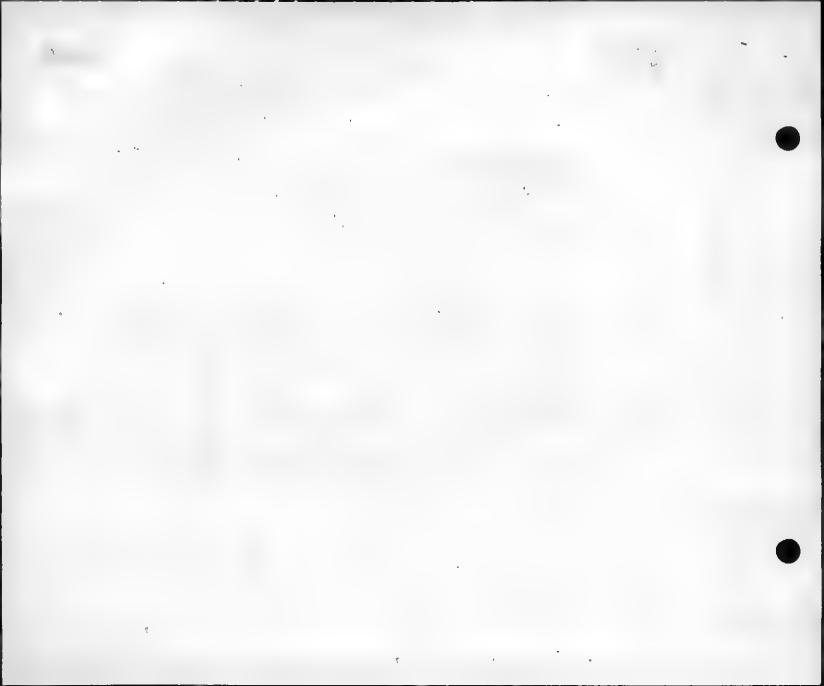
TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached far use as the burnal-transit permit. Then please remave carban papers. Pages 1 and 2 should be filed with the State Dept. at Health priar to burnal, cremation, arcemoval, and n any event, within 72 hours after death. VR A15 (4) 20 M 1/66

lather ! Pumphrey,

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.



1	Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLANI					
- ~	-	15884	CERTIFICATE	OF DEATH	15886	
in 24 hours after death filled in by the funeral papers Pages I and hin 72 hours after death		1. PLACE OF DEATH a COUNTY	MO ald MARVIAND	2 USUAL RESIDENCE (Where deceased in	ed, if institution Residence before admission) b COUNTY	
		b CITY DR TDWN (If autside carperore perts	MARYLAND LENGTH DE STAY IN 16	c. CITY OR TOWN (If controlle corporate firm	its, write RUKAL and give nearest lown)	
		d NAME OF HOSPITAL DR INSTITUTION (If not a	1 hospita, give street address)	d STREET ADDRESS	e IS RESIDENCE	
filled in papers hin 72 ha		Ju beer	have	5611-OZA	ON A FARM? YES NO	
teath certificate be executed with ending physicing and campletely mit. Then blease remove carbon ar remayor and any event, with		3 NAME OF DECEASED (Type or print)	- Middle	Loét 4 DATE OF DEATH	Month Day Year 1966	
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		100 USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR	1). BIRTHPLACE (County & Stote, or foreign		
		13 FATHER S, MAME	1/2 the Cuan	14. MOTHER'S MAIDEN, NAME	- / lliving	
		15. WAS DECEASED EVER IN U.S. ARMED FORCES?	16 SOCIAL SECURITY NO 17 IN	NFORMANI Wi FO	Address	
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that the can. by the attribution per cremation,		78 CAUSE OF DÉATH (Enter only one couse PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (a)	META	CARCINO MA	ONSET AND DEATH	
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retair retair RECTO 3 sha		22a SIGNATURE	anna MD	ATTENDING MED.	STAFF 226 DATE SIGNED/	
may be RAL DIR page 3	,	22c PHYSICIAN'S NAME (Type) 100 420 1	-	22d. ADDRESS \$2/1/ WILCOWS	PHYS. LI 1/8/CC	
다 수 교 등 전	/	23g BUR AL CREMATION 23h DATE THERE		REMATORY 23d LOCATIO	N (City or Town) (County) (State)	
Page 70 FUN direct shoul		BEEMOVAL (Sepcify) 11-14-	66 Arlington N	atl Cem. Arlir	gton, Virginia	
VR A15 (4) 20 M 1/66			, Bethesda, Mary	2 2 1 11 11 11	386 Mionley Judge	



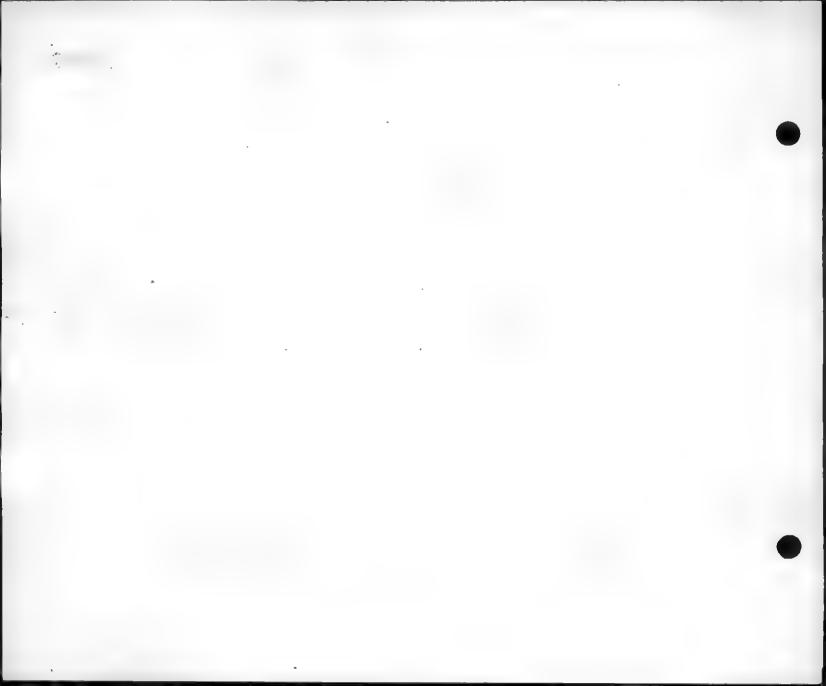
Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 15885 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

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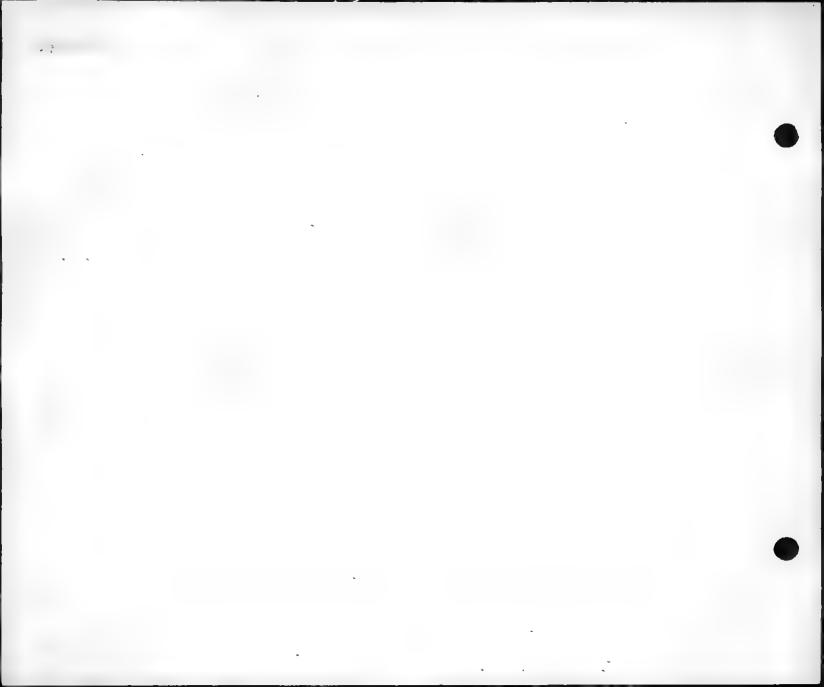
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1 PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived, if institution, Resi o COUNTY b COUNTY MARYLAND b CTY OR TOWN (If outside carpa C LENGTH OF STAY IN 16 c CITY OR TOWN (If outs de corparate limits, write RURAL and give nearest tawn) write RURAL ond & NAME OF HOSPITAL OR INSTITUTION d STREET ADDRESS (Unat in haspital give street address) e IS RESIDENCE ON A FARM? Hospital YES NO 🗷 3 NAME OF Middle .Last 4 DATE Day Year DECEASED 0F rabeth (Type or pant) DEATH S SEX 6 COLOR OR RACE 7 MARRIED MOVER MARR ED 9 AGE (n years IF UNDER 1 YEAR | FUNDER 24 HRS last b maday) Months Days Hauts WIDOWED DIVORCED 10b KIND OF BUSINESS OR 11 B RTHPLACE (State or fare gn country) 10g USUAL OCCUPATION (Give kind of work done 12 CITIZEN OF WHAT during most abworking life, even if ret red) AND STRY COUNTRY ? Lousewile Own Home 3 FATHER'S NAME 14 MOTHERS MANDEN NAME mes IS WAS DECEASED EVER IN U.S. ARMED FORCES? 16 SOCIAL SECURITY NO INFORMANT (Yes, no ar unknown) (I yes give war or dates of service) Vone 144-01-5785 NTERVAL BETWEEN 18 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c)) ONSET AND DEATH PART I. DEATH WAS CAUSED BY Fatty metamorphosis severe with cirrhosis IMMEDIATE CAUSE (a) DUE TO 4 sow Conditions, fany, which gove Acute and chronic alcoholism rise to immediate cause (a), DUE TO stating the underlying cause last PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN N PART 1(a) 19 WAS AUTOPSY PERFORMED? YES 🛣 NO 20g EXTERNAL CAUSE WAS 20b DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Port I or Port II of item 181 PRIMARY OF CONTRIBUTING CAUSE OF DEATH 20c TiME OF NJURY Month, Day Year 20d INJURY OCCURRED 20e PLACE OF INJURY (Home, form, 20f (City or town) (County) (State) Hour om factory, street, office bldg , etc.) While Not While at work al wark 21. I certify that I took charge of the remains described obove, held an Autopsy Inspection X Inquiry X and in my apinian death resulted fram-Natural causes X Accident Suicide | Homicide [Undetermined monner CHIEF MEDICAL EXAMINER ACTUAL 22. DATE SIGNED ASSISTANT MEDICAL EXAMINER SIGNATURE DEPUTY MEDICAL EXAMINER **EXAMINER'S** Aparals (Street, city, town, or county) NAME (Type) 230 BUR AL, CREMATION, 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) (State) (County) REMOVAL (Specify) 1966 Helinaton National Cem. urial Helinaton. FUNERAL DIRECTOR 256 REGISTRAR'S SIGNATURE 2Sq REC'D BY REGISTRAR windhier.

VR A15ME (5) 6M 1766



1/ 1/	I	ems 18&21 Film 383 12-1MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 2120	01
FOR STATE		15886 MEDICAL EXAMINER'S CERTIFICATE OF DEATH 1	5888
HEALTH DEPT.	Ι	PLACE OF DEATH O COUNTY MONTGOMERY MARYLAND 2 USUAL RESIDENCE (Where deceosed lived if institut on Residence of County of C	before odmiss on)
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		d NAME OF HOSPITAL OR INSTITUTION (If not in haspital, give street address), d STREET ADDRESS Washington San + Hospital 9528 Riley Road	e IS RESIDENCE ON A FARM? YES NO 🔀
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shauld be e ne word "per a the Chief ! burial-transit mation, or re		PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Acute coronary insufficiency 43() / Due to	ONSET AND DEATH
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AL EXAM execute the or. Page 4 d far your TOR: Page gnated age		2) I certify that I took charge of the remains described above held an Autopsy (A. Inspection). Inquiry	and in my opinion
MESTAL EX please executi i director. Pag retained for y L DIRECTOR: Po		death resulted from Notural couses , Accident , Surcide , Homicide , Undetermined monner	22. DATE SIGNED
ny, peral pe		SIGNATURE SIGNATURE ASSISTANT MEDICAL EXAMINER EXAMINER'S NAME (Type) RECUENT OF THE PROPERTY OF THE PROP	20. 19/1
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VR A15ME (5)		Jack & Wise Clark & Wina Stark & Wina 8434 Georgia Ave NOV 25 1966 Charles	MATURE
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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH lesth. funeral and 2 and 2 death. 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, it institution; Residence before admission) a. COUNTY b. COUNTY Montgomery Pennsylvania MARYLAND b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Page oon papers. Pag within 72 hours Bethesda 149 days Œ Lancaster filled d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) B. IS RESIDENCE ON A FARM? 1457 Hiemenz Road YES NOK The Glinical Center, Bethesda, Maryland completely we carbon p Last DATE Month DECEASED (Type or print) DEATH 19 66 Richard Michael Kobland November 6. COLOR OR RACE 8. DATE OF BIRTH AGE (In years | IF UNDER 1 YEAR | IF UNDER 24 HRS. and cor 7. MARRIED NEVER MARRIED X last birthday) | Months | Days Hours 1 WIDOWED DIVORCED Male Nov. 7. 1943 12. CITIZEN OF WHAT COUNTRY? 10a. USUAL OCCUPATION (Give kind of work done | 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or fereign country) during most of working life, even if retired) Pennsylvania U.S.A. Student certificate None 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Joseph M. Kobland Mary Grooby 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT The Medical Records, The Clinical 16. SOCIAL SECURITY NO. deat (Yes, no, or unkown) | (If yes give war or dates of service) Bethesda, Maryland Center. INTERVAL BETWEEN 18. CAUSE OF GEATH [Enter only one cause per line for (a), (b), and (c).] 48 hours PART 1. DEATH WAS CAUSED BY: 1MMEDIATE CAUSE (a). Cerebral hemorrhage hospital or attending physiclan. DUE TO Acute Lymphoblastic Leukemia 28 Months Conditions. If any, which gave rise to Immediate DUE TO cause (a), stating the has be as th underlying cause last. 19. WAS AUTOPSY PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) detached for use te Dept, of Health PERFORMED? CERTIFICAT YES X NO T 20b. DESCRIBE HOW INJURY OCCURRED, (Enter nature of lolury in Part 1 or Part 1) of Item 18.) 20a, ACCIDENT WAS UNDERLYING I OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) MEDICAL (State) 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) (County) factory, street, office bldg., etc.) DIRECTOR: After the age 3 should be defined with the State Hour a.m. Not While at work p.m. retained 21. I certify that (A (this hospital) attended the deceased from 27 June to 23 Nov .__ 1966_ that M (we) last 1966 and that death occurred at 11:50 from the causes and on the date stated above. 19 66 saw toe deceased alive on. SYGNATURE P.M. 22b. DATE SIGNED 22a. TO FUNERAL DIRE director, page 3 should be filed w ATTENDING 24 Nov. 1966 DIRECTOR PHYS. 22c. PHYSICIAN'S The Clinical Center, National Institutes of Health, Bethesda, Md. Norman S. Lichtenstein. MD. BURIAL, CREMATION, 23b. DATE THEREOF 1 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) Burial-transit 11-25-66 Greenwood Cemetery Lancaster, Penna. 25a. REC'D BY REGISTRAR | 25b. REGISTRAR'S SIGNATURE ADDRESS PUMPHREY, Bethesda, Maryland VR A15 (4) 20M 1/65

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Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

		ATE 15888 MEDICAL EXAMINER'S CERTIFICATE OF DEATH 158911						
FOR	STATE		15888	MEDICAL EXAMINER'S CERTIFICATE OF DEATH	15890			
EALT	I DERE	1	PLACE OF DEATH	2 USUAL RESIDENCE (Where deceased lived if institution Residence	e befare admission) /			
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- E	De De		NAME OF HOSPITAL OR INSTITUTION (IF	not in haspital, give street address) d. STREET ADDRESS	e 15 RESIDENCE ON A FARM?			
L se jo	haurs o		HighWay Kunt 6	7. Cedar Grove. RAFI BOX 40	YES NO			
after death (f o 8. Give Pages 1, alona with form	72 hours after depth		NAME OF PECEASED	irst Middle Lost 4. DATE Month	Day Year			
ter de Give	i ‡e		Type or print) - TOME	R LAV LAUSSON DEATH NOU.	27 1966			
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	ond 2 with the	17	ale white	W DOWED DIVORCED Apr 2, 1939 27 yrs Months	Days Hours Min			
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			ag most of working life, even if ret red)	HAB CATERING Service VIRSINIA 4	S A			
n 2	n any		FATHER S NAME	14. MODER'S MAIDEN NAME	371			
I within 24 n penci in Examiner's	2-5	1	later / aus	Pacill 81.				
		15	VAS DECEASED EVER NUS ARMED FORCES					
ol :			, no, or unknown) (If yes give war or dates	of service) and the service of the s	_			
executed nding" i	TOV	-	Es NHY	126-18-6013 ANIA LAWSON - Wye - Gdg. S	9ME			
e execu pending	burial-transit permit matian, or remavat	0	1B. CAUSE OF DEATH (Enter only one co PART I DEATH WAS CAUSED BY		ONSET AND DEATH			
يِّتِ : هَ	o r		IMMEDIATE CAUSE	Injuries, multiple, severe	Sudden			
shauld e ward a the C	a burial-tra			E TO				
sho	nat		Canditions, if ony, which gave rise to immediate cause (a),	(b) Automobile accident				
事を	a t		stoting the underlying cause DUI	E TO				
ertifica writing warded	3) (last	(t)				
s certificate shaul e, writing the war farwarded to the	used o	×	PART II OTHER S.GNIFICANT COND.TIONS	CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a)	19 WAS AUTOPSY PERFORMED?			
	be u	CERTIFICATION			YES NO			
Figure 1	ge 3 shauld be agent, prior to	186	20a EXTERNAL CAUSE WAS	20b DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Part I ar Part II of item 1B.)				
NER: certif	files. 3 shauld nt, prior	#	PRIMARY OF CONTRIBUTING CAUSE OF DEATH	Headon.colision-2cars-				
Sho de	files. 3 sha int, p	MEDICAL	20c TIME OF INJURY Month Day, Year	20d INJURY OCCURRED 20e PLACE OF INJURY (Hame farm, 20f (City or town) (Cour	nty) (State)			
A 4 4 4	age /	MED	7.43 pm 1//27 19	66 While atwark At Hegh Way #27 Cedar Grove	Mont. No			
e cte	OR: Page nated age			ge of the remains described abave, held an Autapsy A, Inspection A, Inquiry A.				
AL exe r. P	RECTOR: P				ond in my apinia			
E s s	ECI Signatura		deall tessiled light. Malat	ol couses 🔲 , Accident 💢 , Suicide 🔲 , Homicide 🔲 , Undetermined manner 🗍				
	DIR DIR S de		ACTUAL O	Ball .	22. DATE SIGNED			
	RAL or it		SIGNATURE COMMON	M.D ASSISIANI MEDICAL EXAMINER 1/1/28/66	(
San	y be		EXAMINER'S NAME (Type)	Address (Street, city, town, or county)				
necessary the funer	5 may b	230	BURIAL CREMATION 236 DATE TH		(aunty) (§tate)			
5 5 €	50 ± 10 × 10 × 10 × 10 × 10 × 10 × 10 × 1		name and the state of the state		VA.			
		24	TUNERAL DIRECTOR	ADDRESS 7 250 REC D BY REG STRAR 25b REGISTRARS SIG				
VI	A 15A4F /51	1		A SUNCE STATE OF THE STATE OF T	MATURE O ZA			

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Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

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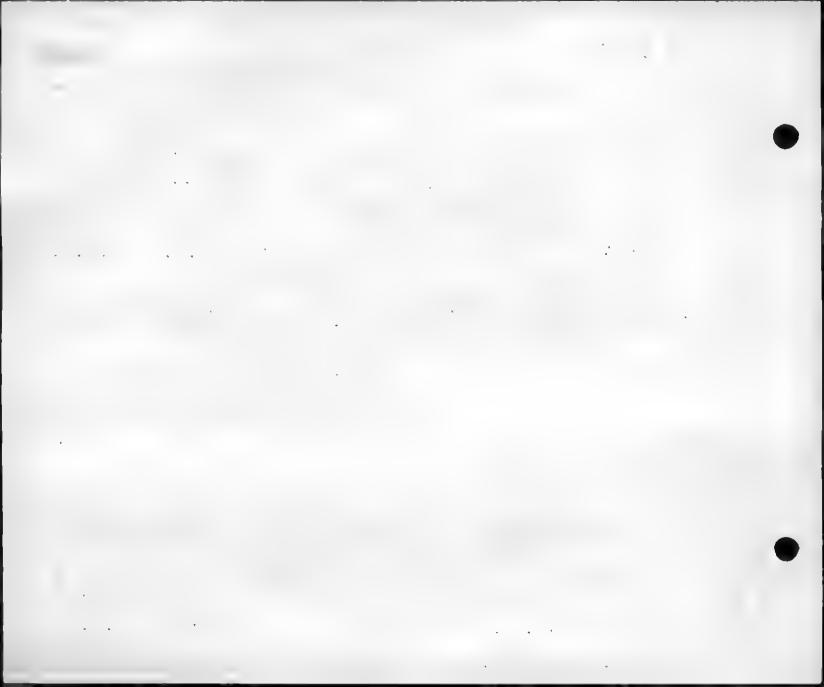
CERTIFICATE OF DEATH

15000

	20000		CERTIFICATION OF THE PROPERTY	E OI DERIII		19892
1	PLACE OF DEATH					ution: Residence before admission)
	a. COUNTY	Montgomery	MARYLAND	o STATE Ma	ruland b. COI	UNIY Montgomery
-	b. CITY OR TOWN (If outside carparate limits,	c. LENGTH OF STAY IN 16		utside corporate limits, write R	A 1
	write RURAL and	l give nearest town) 242	2 days			ona give noods form,
				Silver S	pring	- Is presidente
		· ·	in hospital, give street address)	d. STREET ADDRESS		e. IS RESIDENCE ON A FARM?
	Washingt	on Sanitariu	un and Hospital	13416 Pa	rkland Drive	YES NO 🔀
	NAME OF	First	Middle	Last		nth Doy Year
	DECEASED (Type or print)	Sarah	Ŋ	Bennon	OF Novem	ber 13 1966
	SEX	6 COLOR OR RACE	7. MARRIED X NEVER MARRIED	8 DATE OF BIRTH	9 AGE (In years	IF UNDER 1 YEAR IF UNDER 24 HRS
	Female	White	WIDOWED DIVORCED	July 17, 18	1889 Igst birthdoy)	Manths Days Hours Min.
0		(Give kind of work done	TIDE KIND OF BUSINESS OR		y & Stote, or foreign country)	12. CITIZEN OF WHAT
Jľ	ing most of working	life, even if retired)	INDUSTRY			COUNTRY? A.
	FATHER'S NAME		Own Home	New York		и. э. п.
		2		477		
_		Sernhardt		Anna Howa		
		R IN U.S. ARMED FOR (ES? (If yes give wor or dotes of	cary rall	INFORMANT	13416 Park	land Drive
	no	none	072-05-6255B Ha	irry Lemmon	Silver Son	ing Maryland
			per line for (o), (b), and (c).)			INTERVAL BETWEEN
	PART I. DEAT	TH WAS CAUSED BY. IMMEDIATE CAUSE (c	MYOCARDIAL	INFARCE	TION	20NSET AND DEATH
		DUE TO				
	Canditions, if any	, which gove)	ARTERIO SCLER	POTIC CA	RDIO VASC.	DISBASE
	rise to immediat	e cause (a), (Dile Ti			-,-,,,-	7,77
	stoting the under	Trying couse				
			NTR BUTING TO DEATH BUT NOT RELATED TO	THE TEDMINAL DISEASE CO	MULTION CIVEN IN DADT 1/a)	19. WAS AUTOPSY
S	PARI II, UINER 31	GNIFICANT CONDITIONS CO	NIK BUTING TO DERTH BUT NOT KELATED TO	INC TERMINAL DISCASE CO	INDITION GIVEN IN PART I(d)	PERFORMED?
5						YES NO
CERTIFICATION	20a ACCIDENT WA OR CONTRIBUTING	S UNDERLYING CAUSE OF DEATH	205. DESCRIBE HOW INJURY OCCURRED.	(Enter noture of injury in	Part I ar Port II of Item 18.)	
		MEDICAL EXAMINER)				
MEDICAL	20c TIME OF INJU	JRY Month, Doy, Yeor		ACE OF INJURY (Home, far-		(County) (State)
Park.	1.0 1001	10	While Not While of work	tory, street, office bidg., etc	·)	
	21. I certi	by that (I) (this haso	ital) attended the deceased fram_	NOV 8.	1966 to NOV	12, 19 66, that (1) (we) la
	saw the d	eceased alive on	NOV 12 1966 and the	at death accurred a	1033-M. fram causes	and an the date stated above
	220. SIGNATURE	1 11/11/	0010			22b. DATE SIGNED
		11811	1/1/2-1/1- M	.D. PHYS.	MED STAFF DIRECTOR PHYS. [
	22c PHYSICIAN'S	2 0000	0000	22d ADDRESS	PINCEION C. TITIS,	
	NAME (Type		E. Goozh	2390 Gle	nmont Circle.	Wheaton, Md.
22	Dilbial Cocesary				23d LOCATION (City or T	
230	BURIAL, CREMATIC REMOVAL (Specify	,				
			, 1966 Kensico Ceme	rery	White Plais	
24	. Glen_Ca		contin 8454 Georg	ia Ave. 250. REC	D BY REGISTRAR 2Sb. I	REGISTRAR S SIGNATURE
1)	TANAA.	Dumhrey, 91	nc. Silver Sp	ring MODATE N.	UV 18 1986	Marley Judge

CN TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after dmmth. Page 4 may be retained by the hospital ar attending physician. TO FUNERAL DIRECTOR: After this certificate has been signed by the attention physician and campletely filled in by the funeral director, page 3 shauld be detached for use as the burial-transit permit. I have please remove carban papers. Pages 1 and

VR A15



■ath. mithin 24 hours after exacate

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then prease remove carbon papers. Pages 2 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal many event, within 72 hours after death. TO SOSPITAL OR ATTEMBERS PRESIDENT THE law requires that the Math certificate bar Magm 4 may be retained by the hosmital or attenting physician.

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

CERTIFICATE OF DEATH

15893 15891

4,4,4,4	10000
1. PLACE OF DEATH a. COUNTY	2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) a. STATE B. COUNTY
Montgomery MARYLAND	Mass.
b. CITY DR TOWN (if outside corporate limits, write RURAL and give nearest town)	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)
Kensington	Wesley .
d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address)	d. STREET ADDRESS e. IS RESIDENCE
77	72 Cheserton Rd. ON A FARM?
Kensington Gardens	TO THE MALE
3. NAME OF First Middle	Last 4. DATE Month Day Year
(Type or print) OSCAR C. Li	OWE DEATH 11/12/66 19
5. SEX 6. CDLOR OR RACE 7. MARRIED NEVER MARRIED	8. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. last birthday) Months Days Hours Min.
Male White WIDOWED DIVORCED	3/22/91 75 yrs.
10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR	11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT
during most of working life, even if retired) INDUSTRY Retired	COUNTRY?
	Mass. USA
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Ruel A. Lowe	Mary Park
15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17.	INFORMANT Address
(Yes, no, or unkown) (If yes give war or dates of service) None R	ussell Lowe- Son
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]	INTERVAL BETWEEN DINSET AND DEATH
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)	2 O
	2 1/2
Canditions If any which DUE TO / Mariana	cal services in
Cenditions, If any, which gave rise to immediate (b)	or production .
cause (a), stating the DUETD	1/1 8-17 / 1/16
underlying cause last. (c) Nullallyk	1 Well mombres 100 as
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT REL	TED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY
The state of the s	PERFORMED?
E J Calley (1/1)	llilis YES NO
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RED 203. ACCIDENT WAS UNDERLYING 1 204. DESCRIBE HOW TWOM OCCU BY CONTRIBUTING 1 CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	RRED. (Enter nature of Injury in Part I or Part II of Item 18.)
3 (IF EITHER, NOTIFY MEDICAL EXAMINER)	
3 20c. TIME DE INJURY Month, Day, Year 20d INJURY OCCURRED 20e. PLA	CE OF INJURY (Home, farm, 20f. (City or town) (County) (State)
Hour a.m. While - Not While - facto	ry, street, office bldg., etc.)
p m. 19 at work at work	
21. I certify that (f) (this hospital) attended the deceased from	19/1 to 19/1/13, 19 (that (1) (we) last
saw the deceased alive on 13 19/2 and that	death occurred at the firm the causes and on the date stated above.
22a. SIGNATURE	220 DATE SIGNED
St. V. O Planta	ATTENDING MED. STAFF DAILY 19 (
22c. PHYRICIAN'S M.C	
BAME (Type) John J. Curry	22d. ADDRESS Columbia
	Tearfy Clutter 1 74
238 BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY	OR CREMATORY 23d. LOCATION (City, town or county) (State)
Bur-Transit 11/14/66 Dell Park Cem	etery Natick, Massachusetts
24. FUNERAL DIRECTOR ADDRESS	25a REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE
Tyson Wheeler Funeral Home 1331 Packwills	1011 1 1010 1001 1 0
Tyson Wheeler Funeral Home-1331 Rockville	Pike DATE NOV 15 1966 fcharles Judge

VR A15 (4) 2DM 1/65

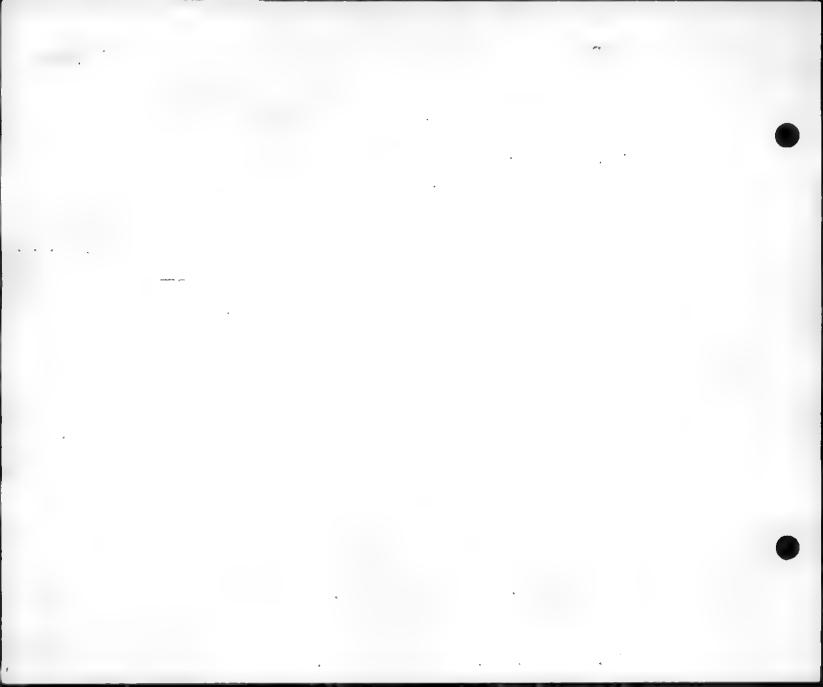


VR A15ME (5)

may be re. FUNERAL (

O DEPUTY

and in my apinian ACTUAL 22. DATE SIGNED ASSISTANT MEDICAL EXAMINER SIGNATURE DEPLTY MEDICAL EXAMENER **EXAMINER'S** Actuless (Steber Find How), for county) NAME (Type) 23c. NAME OF CEMETERY OR CREMATORY BURIAL, CREMATION. 23b DATE THEREOF 23d. LOCATION (City or Town) Burial 2 Dec 1966. Mendham Cemetery Mendham. New Jersey 24 FUNERAL DIRECTOR 250, REC'D BY REGISTRAR 2Sb REGISTRAR S SIGNATURE 8434 Georgia Avenue Silver Spring, Md. lark E. Wisor Warner E. Pumphrey



MARYLAND STATE DEPARTMENT OF HEALTH
Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

	15893	CERTIFICATI	E OF DEATH	1	5895
	PLACE OF DEATH		2. USUAL RESIDENCE (Where deceased lived, if institution. Resider	nce before odmission)
	o. COUNTY		O STATE	h COUNTY	
	Montgomery	MARYLAND		yland	
	b CITY OR TOWN (If outside corporate I mits,	c LENGTH OF STAY IN 16	c CITY OR TOWN (If at	utside carporate limits, write RURAL and giv	re nearest town)
	write RURAL and give nearest town) Bethesda (rural)	3 days	Forestvi	lle	
	d. NAME OF HOSP TAL OR INSTITUTION (If not in hasp		d STREET ADDRESS		8 IS RESIDENCE
	Naval Hospital	rui, g ve saee. outrossy	8108 D'Ar	cy Road	ON A FARM? YES NO X
	NAME OF First	Middle	Lost	4. DATE Month	Day Year
	DECEASED (Type or print) Jennifer	Jean	MADDEN	DEATH November	10 1966
_	SEX 6 COLOR OR RACE 7 MARI		8 DATE OF BIRTH		1 YEAR IF UNDER 24 HRS
,	, Mark			and the last test to the last test to the last test to the last test test test to the last test test test test test test test t	
1	Temale Cauc. Wildow	WED DIVORCED	March 22, 1	.900 yrs 7	Doys Hours Min.
10a	LSLAL OCCUPATION (Give kind of work done 10	Db. KIND OF BUSINESS OR	11 BIRTHPLACE (County		T ZEN OF WHAT
dur	ng most of working life, even if retired)	YATZUGMI	Discound -		USA USA
10	N/A	N/A		Massachusetts	UDA
13	fathers Name James W. Madden		14. MOTHER'S MA.DEN Constan	ice P. Ford	
15.	WAS DECEASED EVER IN L. S. ARMED FORCES?	16 SOCIAL SECURITY NO 17	INFORMANT FOR	restarille Address 1	Md.
(Ye	s, np, ar unknawn). [(If yes g ve war ar dates af service)]				
	N/A N/A	N/A C	aptain James	W. Madden, 8108 D	
	IB CAUSE OF DEATH (Enter only one cause per Im PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) DUE TO	e for (a), (b), and (c)) Heart Mal-functi	on		INTERVAL BETWEEN ONSET AND DEATH
	Conditions if any which nove 3				
	rise to immediate cause (a)				
	stating the underlying couse DUE TO				
	last. (c)				1
TION	PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUT	ING TO DEATH BUT NOT RELATED TO	THE TERMINAL DISEASE CO	NDITION GIVEN IN PART 1(a)	19 WAS AUTOPSY PERFORMED? YES TO NO
FICA	20a ACC DENT WAS UNDERLYING ☐ 20	DESCRIBE HOW INJURY OCCURRED.	(Enter noture of mury in	Port L or Port E of item 19)	
CERTIFICATION	OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	B DESCRIBE NOW INJURY OCCURRED.	(ciner holote or injury in	rost to trost to of tiens to)	
MEDICAL		Od INJURY OCCURRED 20e PL	ACE OF INJURY (Home, form	n, 20f. (City or tawn) (Co	ounty) (State)
WED	Hour o.m	While Not While for	tory, street, affice bldg , etc.)	. ,
	21. I certify that (the (this haspital) o saw the deceased alive on Nov.	ttended the deceased from_	Nov. 7	19 66 to Nov. 10 , 19	66 , that 00 (we) los the date stated above
	22g. SIGNATURE	10			DATE SIGNED
		Name A or	.D. PHYS	MED STAFE seems see.	v. 10, 1966
		naste M			
	PHYSICIAN'S NAME (Type) Jerry J. Toma	sovie CAPT MC US	AF Naval Hos	spital, Bethesda, M	d.
234	BUR AL CREMATION. 23b DATE THEREOF	23c NAME OF CEMETERY OR		23d LOCATION (City or Tawn)	(County) (State)
236	Designation of the second	23C HAIRE OF CENTIER OR	Chematon		1 77 1 7
	11/10/06			Orleans, Massac	
	FUNERAL DIRECTOR Rinaldi Funer		2Sa REC'	D BY REGISTRAR 2Sb REGISTRAR S	
7	100 Coordin Ave N W	Weshington D C	I NOV	14 1956 / Keliante	31 Judas

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the haspital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the funeral-director, page 3 should be detached for use os the burial-trans t permit. Then please remaye carban papers. Pages V and should be filed with the State Dept. of Health priar to burial, crematian, or remayal, and many event, within 72 hayrs after desting

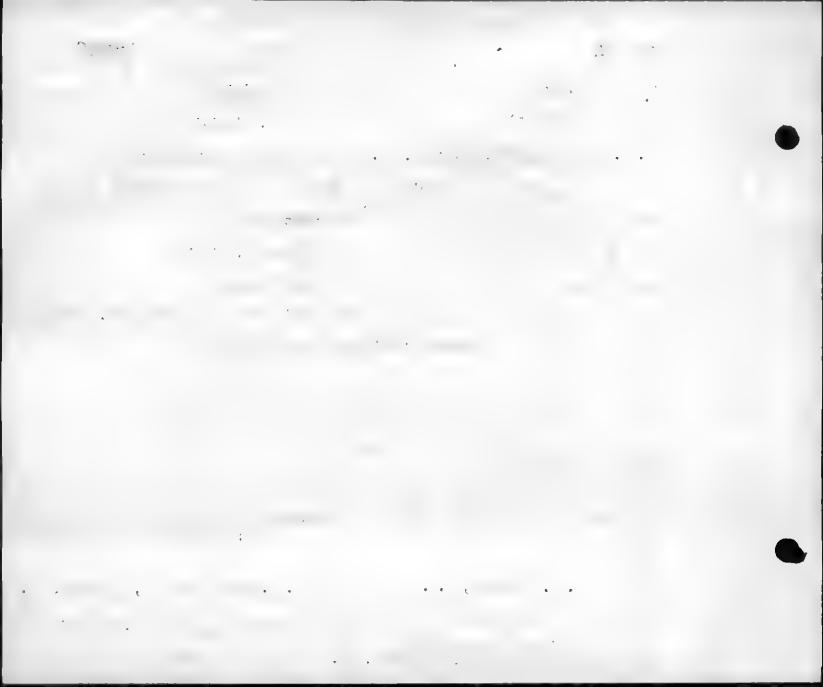
VR A15 (4) 20 M 1/66

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

15894	•	•	CERTIFIC	ATE	OF DEATH			158	96	
o. COUNTY	iontgomery		MARYLAN	10	n STATE	E (Where d	leceased lived, if inst b. C	itut on Resideni DUNTY	ce before ad	missian)
b CITY OR TOWN	(f outside corporate limits.		C LENGTH OF STAY IN 15				irparate limits, write	RURAL and give	nearest lov	wn)
Write RUSAL of	sda (Rural)		l day		Norfolk	374 ~	and md =	•		
	TAL OR INSTITUTION (If not	in hasnital a			L STREET ADDRESS	4 7 T	Brura		e. IS	RESIDENCE
	- '		,			. 4 00			10	A FARM?
	aval Hospita				7416 We					∐ ио Б
NAME OF DECEASED	Ers	Ť	Middle		Lost	4 D/		lanth	Day	Year
(Type or print)	Ross		Daniel		IAKI	DI		ember	5	¹⁹ 66
S. SEX	6 COLOR OR RACE	7 MARRIED	NEVER MARRIED	8	DATE OF BIRTH		9. AGE (In years last birthday			JNDER 24 HE
Male	Cauc	MIDOMED	DIVORCED [30	October	1966	yr		6	
10a USUAL OCCUPAT C during most of workin	N (Give k nd at work done g lite, even it retired)		ND OF BUSINESS OR DUSTRY		,		, ar fareign country)		IZEN OF WH UNTRY?	IAT
13. FATHER'S NAME			NA		4. MOTHER'S MAID	n NAME	Virginia		USA	
David M	iski				Carol	Done				
15 WAS DECEASED EN	ER IN U.S ARMED FORCES?	16.	SOCIAL SECURITY NO.	17 INI	ORMANT	DOUL	A	dress		
(Yes, no, ar unknawn)	(If yes give war or dates of	service)		Doze	d Maki	71.76	Track Warn	ana Da	Mr. and	1 - 7 1 - 1
No	DEATH (Enter only one cous			Dav.	LAMI	THIO	West Kenn	ore_br		I BETWEEN
stating the und	erlying cause OUE 1	c)	TO DEATH BUT NOT RELATED	D TO TH	TERMINAL DISEASE	CONDITION	GIVEN IN PART 1(0)		19 WA PER YES X	S AUTOPSY FORMED?
OR CONTRIBUTIN	AS UNDERLYING G CAUSE OF DEATH Y MEDICAL EXAMINER	20b. DE	SCRIBE HOW INJURY OCCU	RRED. (E	ter nature of injury	in Part 1 c	or Part II of item 18.		113.8	1 110
문 Hour o	JURY Manth, Day, Year .m. 19	20d II While at war	Nat While		OF INJURY (Hame, , street, affice bldg.,		20f. (City or town) (Car	unty)	(State
21. I ceri	ify that (4) (this hasp	ital) atten	ded the deceased fro	m_4	November	, 19.66	-, to5 Nove	mber 196	6, that	(we)
sow the	deceased alive an 5	Novemb	per_1966_, and	d that	leath accurred	95.3	OFM, from cous	es and an t	ne date s	tated ab
220 SIGNATUR	3 Clon 1	Ster		M.O.	ATTENDING PHYS	MED	OR STAFF		ATE SIGNED	56
-92C PHYSICIAN NAME (Typ	A. E. COMP	KINS,	M.D.		22d. ADDRESS		AL HOSPIT	AL, BET	THESDA	, MD
23a. BURIAL, CREMAT REMOVAL (Spaci	ion, 23b. Date ther	1 /	23c. NAME OF CEMETER Arlington				d. LOCATION (City of	ton, V:	(County)	(Stoře)
24. FUNERAL DIRECT	-	France	al Homess	6'57		EC D BY RE		REGISTRAR'S S		
	Arlington	r miers	T TOME	28			1 4 1966	orlin	.0. 0	4

TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the dilloth certificate be executed within 24 hours after leath Page 4 may be retained by the hospital or attending physician. **TO FUNERAL DIRECTOR:** After this certificate has been signed by the ottending physicion and completely filled in by the funeral director, page 3 should be detached for use as the buriol-transit permit. They please remove corban papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremotion, or removed, and in any event, within 72 haurs after deaths.

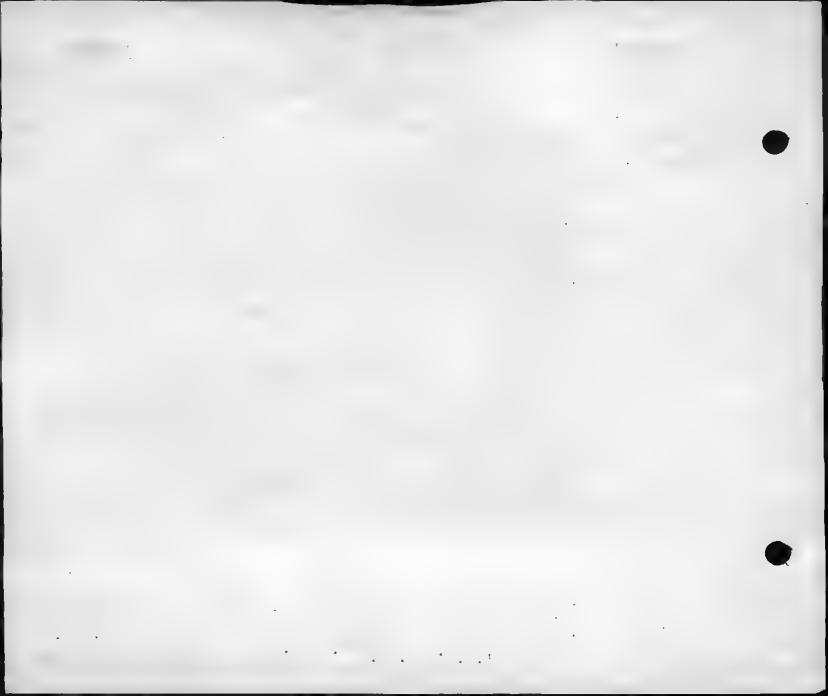
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DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

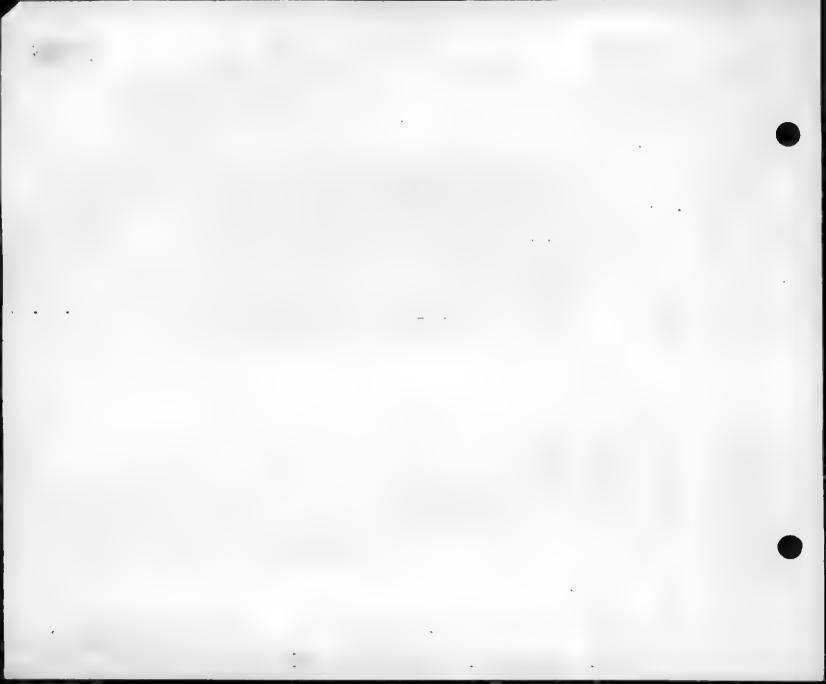
1	_ 15895_	CERTIFICAT	L OI DLA!II	15897
ı	1. PLACE OF DEATH		2. USUAL RESIDENCE (Where deceased https://dx.deceased.html.)	ved, It institution: Residence before admission
	b CITY OR TOWN (if ourside corporal		c. CITY OR TOWN It outside corporate limit	MONTSomery -
	WITHORURAL end by the nearest few. WESTMDYE AUCH d. NAME OF HOSPITAL OR INSTITUTI	1) S 2.5 years	Westmore land 1	4/1/15_ To TE RESIDENCE
	4512 Wethers	11 Road	4512 Wetherill Kd	YES NO
	3 NAME OF DECEASED	First Middle	Last 4. DATE OF DEATH	Month Day Year
	S. SEX COLOR OR I	RACE 7. MARRIED NEVER MARRIED 8.	DATE OF BIRTH 100. 14,1892	Years HE UNDER TYEAR F UNDER 24 HRS.
	10a USUAL OCCUPATION (Give kind of done during most of working life, even if	f work 10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (County & State, or foreign co	ountry) 12. CITIZEN OF WHAT COUNTRY
	13 FATHER'S NAME	red U.S. Government	14 MOTHER'S MAIDEN NAME	U, S.A.
	Thomas Do		Marian Spe	ar man-
	Yes, no, or unkown) (Hyese yewerorde		owland S, Marsha	1) - Brother BETWEEN
	PART . DEATH WAS CAUSED IMMEDIATE CAU	RV. A 1	515	ONSET AND DEATH
	1 DL	JE TO		1
	Conditions, if any, which gave rise to immediate cause	(b) Carcinoma	sigmoid =	_
	(a), stating the underlying cause last	(c)	· ·	
	PART I, OTHER S.GN FICANT C	S Mellitus	T RELATED TO THE TERMINAL DISEASE CONDITION	ON GIVEN IN PART 1(01) 19 WAS AUTOPSY PERFORMED? YES \(\begin{array}{c} NO \(\begin{array}{c} \ext{NO} \ext{P} \ext{\text{P}} \\ \text{NO} \(\begin{array}{c} \ext{NO} \(\begin{array}{c} \ext{NO} \(\begin{array}{c} \ext{NO} \ext{\text{P}} \\ \ext{NO} \(\begin{array}{c} \ext{NO} \(\begin{array}{c} \ext{NO} \\ \e
	200 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE	EATH	(Enter nature of injury—n Pert I or Pert II of item 1	8.
	20c. T.ME OF INJURY Month, De Hour e.m.	ey, Year 20d. INJURY OCCURRED 20e. PLA: While Not While facto factor work st work	CE OF INJURY (Home, ferm, 20f. [City or fown pry, street, office bldg., etc.)	(State,
		pospital) attended the deceased from	April, 1965, 10. 1104	wher I.D. 19.66, that (1) (we) la
	saw the deceased alive on .	Movember 10 19.66, and that	death occured at Q:AM, from the co	auses and on the date stated above
	220. SIGNAPOS	me (Lice "	ATTENDING MED. STAF	F SIGNE
	22c PHYS CLAN'S NAME (120c) CLA	ENCE RICE	150 Conn. Aves	n.W. Washington
	23a, BURIAL, CREMATION 23b DATE REMOVAL (Specify)		OR CREMATORY 23d. LOCATION	City, town or county) (Stele)
	Burial 11-1	4-1966 Fort Lincol	n Cemetery Prince	Georges Co. Md
	Joseph Gawler	s Sons The Wash BC	Misc. Ave NOV 18 195	6 Milarles Judge

VR A15 (4) ISM 7,61



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

	The state of	15896	CERTIFICATE	OF DEATH		15898
- C	uneral I and er deat	PLACE OF DEATH O G. COUNTY		2. USUAL RESIDENCE (W o. STATE	here deceased lived, if institution b. COUNTY	: Residence befare admission)
offer	;	Montgomery	MARYLAND	Marylar	ıd	Montgomers
		b. CITY OR TOWN (If autside carporate limits, write RURAL and give nearest town)	c. LENGTH OF STAY IN 16	,	side corporate limits, write RURAL	ond give neorest town)
1	\$ 60 P	S. I. S. Line	2 l.rg	Silver	Spring	1 e. IS RESIDENCE
M house		d. NAME OF HOSPITAL OR INSTITUTION (14 not in hospite Holy Cross Hospital	oi, give street oddress)	a	ren Survet	ON A FARM? YES NO
d saithin	carban mat with	NAME OF First (Type or print) Anthony	Dominic Middle	Lost Lost	4. DATE Month OF 11-	Doy! Year
o de la company	S see a company of the company of th	6. COLOR OR RACE 7. MARRI		3-3-1897		IF UNDER 1 YEAR IF UNDER 24 HRS Months Doys Hours Min
1	ion and ase rem	Usual Occupation (G ve kind of work done uning most of working life, even if petred)	hindustry am Hot 7	11. BIRTHPLACE (County & Italy	State, or foreign country)	12. CITIZEN OF WHAT COUNTRY?
)	physician hen please noval, and i	13. FATHER'S NAME GIACOMO Martin	elli	14. Mother's Majoen No.	ame te Jacooce x LoRu	1330
dan de	affending ph permit. Then Ion, ar remov	S. WAS DECEASED EVER IN U.S. ARMED FORCES? (No., o, on unknown) (If yes give war ar dates of service)		nformant heresa Marti	Address nelli - 9107 W	
# 40 mm	tian. Systematical personal comparison of the personal p	18. CAUSE OF DEATH (Enter only one couse per line PART I. DEATH WAS CAUSED BY.	-for (a), (b), and (c).)	rest		INTERVAL BE WEEN ONSET AND DEATH
th south	hysician by gned by urial-tro	Conditions, if any, which gave rise to immediate couse (a),	to tellerine h	erotic 1	Lear Disca	se / who he nume
	ding in the branch and the branch are to be been single in the branch are to be be been single in the branch are to be be been single in the branch are to be be been single in the branch are to be be been single in the branch are to be be been single in the branch are to be be been single in the branch are to be be been single in the branch are to be be been single in the branch are to be be been single in the branch are to be be been single in the branch are to be be be been single in the branch are to be be be been single in the branch are to be be be because and the branch are to be be be because and the branch are to be be be because and the branch are to be be be because and the branch are to be be because and the branch are to be be be because and the branch are to be b	stoting the underlying couse Const.	te my land	toute con	restive the	
1 of 1	use as alth pri	PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTION	NG TO DEATH BUY NOT RELATED TO THE	HE TERMINAL DISEASE CONC	DITION GIVEN IN PART 1(0)	19' WAS AUTOPSY PERFORMED? YES NO
MAIDID	spital errifical for the form	20b OR CONTRIBUTING CLAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Po	ort I or Port II of item 1B)	,
ond Si	the hadetock detock detock	邑 Hour o m w		E OF INJURY (Hame, farm, ary, street, affice bldg., etc.)	20f (City or town)	(County) (State)
ENDIN	R: Afte old be o	21. I certify that (I) (this haspital) att	tended the deceosed from	death occurred of 2	M, from couses an	Z, 1946 that (I) (we) last on the date stated obove
TA GO	RECTO	220. SIGNATURE	Scelf M.D	ATTENDING A	MED. STAFF DIRECTOR PHYS.	22b. DATE SIGNED Nov 24, 1966
HOCDITAL		12c PHYSICIANS DELSGE L	Ball		2620 (:00 prins 114	ina coe
DOM O	Prige 4 O FUNE directo should	230. BURIAL, CREMATION, REMOVAL (Specify) SWIAL NOV. 28. 19	23c. NAME OF CEMETERY OR C		23d. LOCATION (City or Town Prince George	
F	VR A15 (20 M 1/66	24 FUNERAL DIRECTOR Collen Carter Collen Carter	1 LONDESC			TRANS GNATURE Judge



Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

		15897	CERTIFICATE	OF DE	ATH		15 CRW
		PLACE OF DEATH		2. USUAL RE	SIDENCE (Where decease	d lived, if institut an R	esidence berate damission)
	_	ITICHI GOINEKY	MARYLAND	/	ijaryiana		5
		b. CITY OR TOWN (If outside corporate mits, write RURAL and give negrest town)	c, LENGTH OF STAY IN 16		OWN (If autside corparati	0	nd give neorest town)
	1	MKOTHA PHKK d NAME OF HOSPITAL OR INSTITUTION (If not in ho	[Vagyst5 ht]	d. STREET AD	BRYAN'S	KOHD.	8 IS RESIDENCE
Markey	11	ashington Sanitariui	n + Hospital	P.C. E	Bex 11. Bry	ans Rd	ON A FARM? YES NO X
		NAME OF DECEASED	Middle	/3/) Last	4 DATE	// Manth	Day Year
		(Type or pnnt) PV///////	Fister	111955	ey DEATH	Nevembe	INDER I YEAR PIF JNDER 24 HRS
	Y	14.1	RRIED NEVER MARRIED B	ept,	2/18817		ths Days Haurs Min
		USUAL OCCUPATION (Give kind of work dane ing most of working life, even if retired)	IOD KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLA	CE (Caunty & e, or far	cauntry)	12 CIT ZEN OF WHAT
	KE	tired - Auto Mex	Chaule	1119.			U.S.H.
	13.	FATHER'S NAME		14. MOTHER'S	MAIDEN NAME	^	
	15	WAS DECEASED EVER IN U.S. ARMED FORCES?	16 SOCIAL SECURITY NO 177. IN	FORMANT /	FOSGET	Address	
	(X	s na, ar unknown) (If yes give war ar dates of service		CMIZA	1 Dagard	400 4	Carroll Alie.
	1	18. CAUSE OF DEATH (Enter only one cause per	10 10 10 10 10 10 10 10 10 10 10 10 10 1	3/11/6	6 Decora	1000	INTERVAL BETWEEN
		PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a)	Bunchal	mer.			ONSET AND DEATH
		16.4.1 DUE TO	60 1		2	0	
		Canditions, if any, which gave (b)	Willed	in 9	formal	ce_	day
		stating the underlying cause DUE TO	Bo	. 0			710 5
		lost (c)	males	que	e Cari	money	1 world
	O.	PART II OTHER SIGNIFICANT CONDITIONS CONTRIB	JTING TO DEATH BUT NOT RELATED TO TO	HE TERMINAL D	ISEASE CONDITION GIVEN	IN PART 1(a)	19 WAS A TOPSY PERFORMED?
1	FICAT	20g ACCIDENT WAS UNDER YING	205. DESCRIBE HOW INJURY OCCURRED. (1	total natura di	SISING PORT LOS PORT	MIST OF	YES NO
	A CERTIFICATION	OR CONTRIBUTING CITCALSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	200. DESCRIBE HOTE HOOK! OCCORNED. (I	rulet ligitie bi	injusy in Full Full Full	N OT 119131 (6.)	
	WEDICAL	20c TIME OF INJURY Month, Day, Year Haur a.m.		E OF INJURY (Fire, street, affice		(City ar town)	(County) (State)
	*	p.m. 19	at work 🔲 at work 🔲		,		10.62.1
		21. I certify that (I) (this haspital) saw the deceased alive on	aftended the deceased fram	death accu	Irred at 239 M.	fram causes and	an the date stated abave.
		220. SIGNATURE	0 (ATTENDING			2b. DATE SIGNED /
		Select	, crige MD	PHYS.	☐ DIRECTOR L	PHYS.	11/6/1766
		22c PHYSICIAN S' KENNETH CRU	ZE M.D.	22d. ADD WAS		SANITARIU	M. TAKOMA PARI
	230	BURIAL, CREMATION, 23b. DATE THEREOF	23c NAME OF CEMETERY OR C			ATION (City or Town)	(County) (Stote)
7		Bringial 11/9/19					_ ' '' '
4	24	FUNERAL DIRECTOR			250. REC D BY REGISTRA	R 2Sb. REGISTR	AR S SIGNATURE
	1	typing in to Home	1300 A. St.	16/2	DATE NOV 9	1966	charles Judas.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remave carbon papers. Pages 1 and 2 should be filled with the State Dept. of Health prior to burial, cremation, ar remaval, and in any event, within 72 haurs after death. **TO HOSPITAL OR ATTENDING PHYSICIAN.** The faw requires that the death certificate be executed within 24 haurs after death. Page 4 may be retained by the haspital at attending physician VR A15 (4) 20 M 1/66



FOR STATE

WEALTH

delay is

necessary, please execute the certificate, writing the ward "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the funeral director. Page 4 should be farwarded to the Chief Medical Examiner's Office along with farm PM3. Page

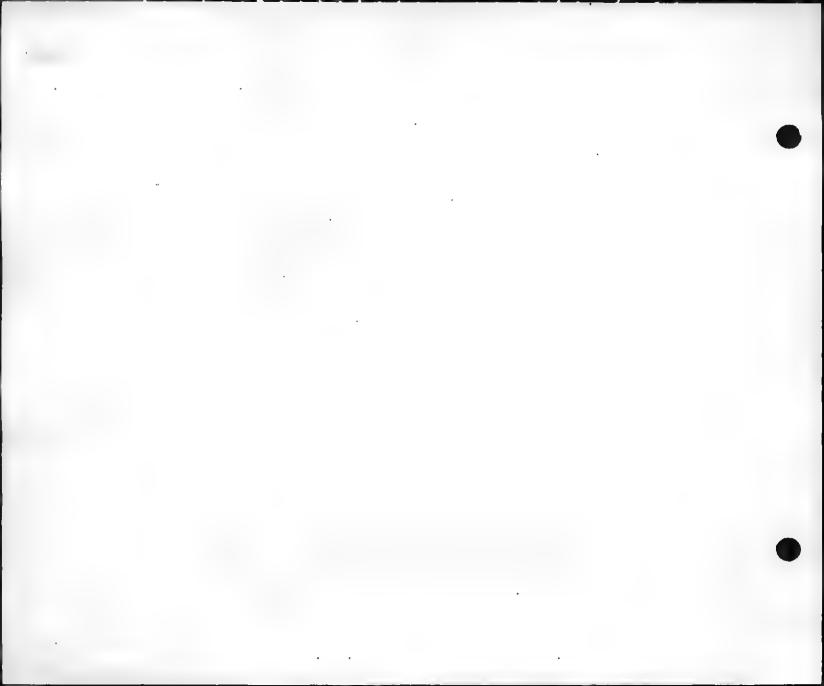
TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours ofter death If

MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

STATI			15898		MEDI	CAL EXAMIN	ER'S (ERTIFICAT	E OF DEA	ATH		15	900_
H DEF	Υ.	1 1	LACE OF DEATH					-	NCE (Where dece			idence before o	dmission)
oge t af	tte .			Hyomer	4	MARYL	П.	o. STATE	Haryla	incl.		hontgo	
nen	de	1	write RURAL and giv		(CLENGTH OF STAY N		c CITY OR TOWN	(If outside corpo	prote mits wi	ite RURAL ond	give neorest t	own)
1	ter.		1304	cl-		30 42215	4	13	304/0			15	
aiollig with tarm Fins. Page with the State Department af	iurs af	d	NAME OF HOSPITAL O	Boyal.	hospital gr	ve street oddress)		d STREET ADDRE	-	yel.			S RESIDENCE ON A FARM?
T L	5 ho	3 1	NAME OF	Frst		Middle	1	.DST	4 DATE		Manth	Doy	Year
he ×	77		DECEASED Type or print]	Marcu		Franci	s /	Maughl	OF DEAT	ili /	VOU-	9	19 66
arang with t	<u>‡</u>	S		COLOR OR RACE 7	MARRIED [NEVER MARRIED		DATE OF BIRTH	, DIN	9 AGE (In ye	ors FUN		UNDER 24 HRS
			Fe-		widowed [DIVORCED		/ 1 /	1909		yrs		Hours Min
_	event		USUA. OCCUPATION (G.v ng most of working life, o	even if retired)		ID OF BUSINESS OR DUSTRY			(State or foreign		11	COUNTRY 2	THAT 3. 4 ,
oges s	1	13.	FATINGES NAME	supe !) (14 MOTHER'S M			/	U.	7. 1 6
	and	,	To Aller	v11 /2	ater	ud,		Tali	14.1	Mela	10		,
		15./ (Ye	WAS DECEASED EVER IN s, no, or unknown) (If y	US ARMED FOR (ES) es g ve wor or dotes of se	16. Si ervice)	OC AL SECURITY NO	17 IN	FORMANT	a h	1au G	helin	1324	id of
med	ma		18. CAUSE OF DEATH	(Enter only one couse	per line for ((a) (b) and (c)	1 842	1-0H	7700				AL BETWEEN
ansrt	ar remaval,		PART DEATH W	ÁS CAUSED BY IMMEDIATE CAUSE (o)	C	0/01/21	Y I	-nsuff	icancy	Ace	ite -	- SASET	AND PEATH
to the Unier Medical burial-fransit permit.	crematian,		Conditions, fony, wh	ch gove) (b)		lepatitis						12	1001-
bul	0		rise to immediate co	use (o), (D)		-101.71							
d s			storing the under yin	g couse (t)		J/coho/	/3/m	n. Chr	nic			1 4e	ers
Tarwaraea e used as	a buria	ATION	PART II OTHER S GNIF	CANT CONDIT ONS CON	RIBUTING TO	D DEATH BUT NOT RELA	TED TO TH	IE TERMINAL DISEA	SE COND T ON GI	VEN IN PART I	(0)	9 W PE YES	AS AUTOPSY REORMED?
files.	prior t	CERTIFICATION	200 EXTERNAL CAUSE PRIMARY ☐ or CONTRII CAUSE OF DEATH		20b DES	CR BE HOW INJURY OCC	URRED (E	inter nature of inj	ury in Port I or P	ort I of tem	18)		
e 4 sna aur file ige 3 sh	agent,	MEDICAL	20c T ME OF INJURY Hour o.m.	Month, Doy, Year		Not While of work		OF INJURY (Hom ry, street, office blo		(City or to	wr)	(County)	(Stote)
2 4 dg	pe			at I took charge o		ains described abo	ve. hele	an Autaosv	lnspec	tion 🔽 .	Inquiry [3	d. and it	my apınıan
ed for	designated		•	fram Natural	4	P		le 🔲, Han		Undetermin			,
e tuneral alrectar, rage 4 may be retained for your FUNERAL DESCTOR: Page	s des		ACTUAL	and a	B	ell		ATZIZZA A	EDICAL EXAMINER IT MEDICAL EXAM	INFR			DATE SIGNED
AL	ti 10		SIGNATURE	Falor O	ור-וו			DEPUTY	MEDICAL EXAMINI	R X A	101-9,	1966	
NER L	#		NAME (Type)	John G.	Ball				(Street, city, tow				
5 may b	e a	230	BURIA, CREMATION	23b. DATE THERE		23c NAME OF CEMET	ERY OR C	REMATORY	23d	LOCATIONS (C ty	or Tower)	(County)	(Stote)
2 2	1	/	KEMOVAL (Spec fy)	11-11-	66		rias		roh	1201	id.	Meni	1 111
VR A15ME	(5)00	24	FUNERAL DIRECTOR	O. Carty	Z or,	V ADDRESS Gaithersby	mg.		RECD BY REG S	1966 /2	Sh. ALGISTRA	SIGNATURE	ge "

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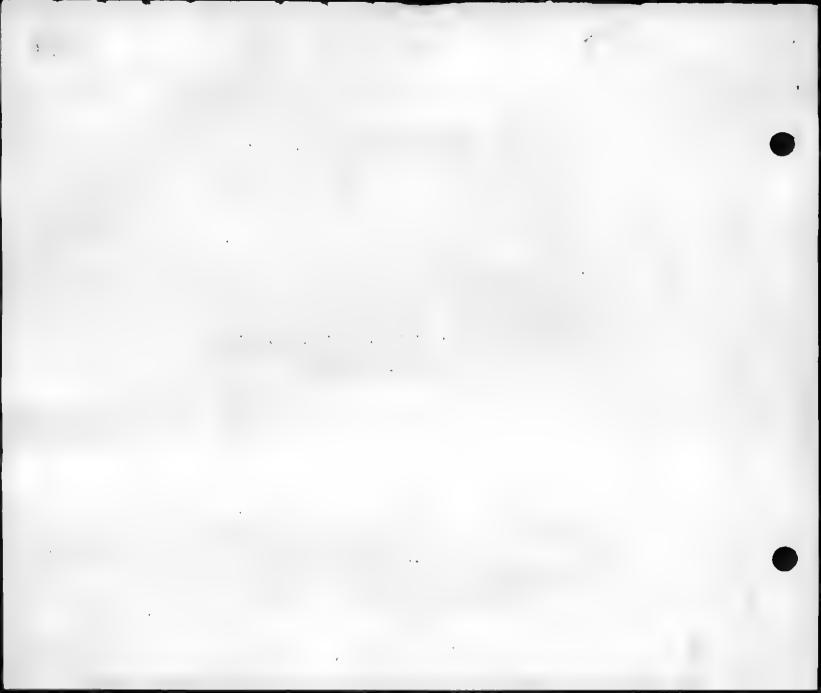
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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 5899 CERTIFICATE OF DEATH 159117

		2 4 4 1
1. PLACE OF DEATH a. CDUNTY	2. USUAL RESIDENCE (Where deceased lived, If institution: Ri	esidence before admission)
MARYLAND MARYLAND		and also peared town
b. CITY DR TOWN (if outside corporate limits, write RURAL and give nearest town)	- 11	
Silver Spring 20inin	7400 1876 Auc #2	
d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address)	d. STREET ADDRESS	o, IS RESIDENCE ON A FARM?
Italy Cross Hospital	HYattsville	YES NO
3. NAME OF First Middle OECEASEO	Last 4. DATE Month	Day Year
(Type or print)		24 19 6
7. MARKIEU MEYER MARKIEU	B. DATE OF BIRTH 9. AGE (In years IF UNDER last birthday) Months	Days Hours Min.
Female Write WIDOWED DIVORCED	yrs.	20
10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR during most of working life, even if retired) INDUSTRY	CO VATA CO	TIZEN OF WHAT
	mary land	<u>u.s</u>
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME	
LLOYL MAY		oward
15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. (Yes, no. or unknown) (If yes give war or dates of service)	INFORMANT Address	
L no		
18. CAUSE OF CEATH [Enter only one cause per line for (a), (b), and (c).]		INTERVAL BETWEEN DNSET AND DEATH
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Multiple conge	nital anomalies	DIOCI AND DESIG
151,5 DUE TD		
Conditions, if any, which \ (b) Pulmonary atel	ectasis	
gave rise to immediate cause (a), stating the DUE TO		
underlying cause last. (c)		
PARTIL OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELA	TED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a)	19. WAS AUTDPSY PERFORMED?
IGA		YES NO
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELA 20a. ACCIDENT WAS UNDERLYING [] 20b. DESCRIBE HOW INJURY OCCU BY CONTRIBUTING [] CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	IRRED. (Enter nature of In)ury in Part I or Part II of Item 18.)
	CE OF INJURY (Home, farm, 20f. (City or town) (Cou	nty) (State)
Willie Mot while	ry, street, office bldg., etc.)	
21. I certify that (!) (this hospital) attended the deceased from	11/4 1966 to 1/24 196	مک, that (I) (we) last
	death occurred at M, from the causes and on the	
22a. SIGNATURE	22b. D/	ATE SIGNED
Hun W Komer M.	ATTENDING MED. STAFF DIRECTOR PHYS.	1/24/66
22c. PHYSICIAN'S	22d. ADDRESS	C 0 - '
NAME (Type) IRWIN W. KOUNER	1106 SPRING ST. SILVER	SPRING
23a. BURIAL CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY		
Buring (Specify) 11/28/66 Gate of Hea		
24. FUNERAL DIRECTOR ADDRESS ROCK	ville Pike FC 1 1966 PCLO	SIGNATURE
Tyson Wheeler Funeral Home Kockville	111111111111111111111111111111111111111	rees judge

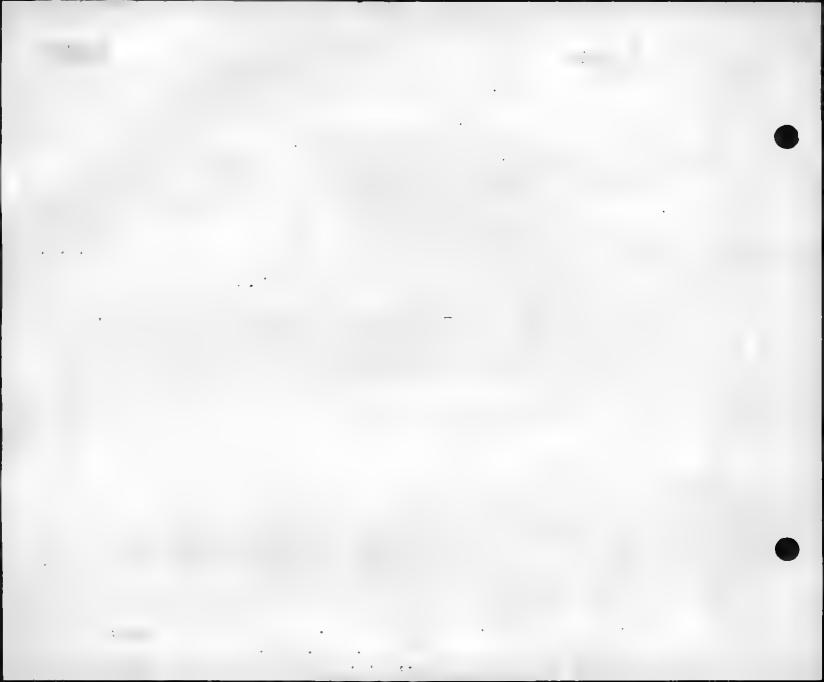
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MARYLAND STATE DEPARTMENT OF HEALTH
Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

	15000 CERTIFICA	ATE OF DEATH	15902
7	PLACE OF DEATH	2. USUAL RESIDENCE (Where deceosed lived, if institution, a. STATE b. COUNTY	Residence before odmission)
	· COUNTY MENTGOMERY MARYLAND	/na	nentgonery
	b. CITY OR TOWN (If outside comporate limits,	CITY OR TOWN (If outs de corporate limits, write RURA.	and give nearest town)
L	SITUEL DEVING	DILVER SPRIN	9 /
1	d. NAME OF HOSPITAL OR INSTITUTION (If ribt in hospital, give street oddress)	d STREET ADDRESS	e IS RESIDENCE ON A FARM?
þ	HOLY CPOSS MOSPITAL	lost r 14 DATE Month	YES NO TE
3	DECEASED A DOCLED TO MIDDLE	h(1 of 11	Doy Year
S	(Type or print) / H BY UES FE 1 1 1 1 1 1 1 1 1		UNDER I YEAR IF UNDER 24 HRS
	Female White WIDOWED & DIVORCED	10/6/94 lost birthdoy) M	lonths Ooys Hours Min.
	Do _SUAL OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR	11. BIRTHPLACE (County & State, or foreign country)	12. CITIZEN OF WHAT
_	uring met of working life, even if refired) Housewife Home	Illinois	COUNTRY? S.A.
1	13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME	
L	Samuel Swartz	Claudia Moore	
	(Yes, no, or unknown) ((If yes give wor or dates of service)	17. INFORMANT Address	
	NO	Eugene McCaleb (Same as	No. 2)
П	18 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c)) PART I. DEATH WAS CAUSED BY: INVESTAL CAUSE (c)	CAL HEMORPHACE	INTERVAL BETWEEN ONSEL AND DEATH
	331X IMMEDIATE CAUSE (o)	THE THEORY INTO	
	Conditions, if any, which gave) (b) HYPERTEN	15105/	(UNKNOWN
	ise to immediate couse (a), stating the underlying couse DUE TO		(NUMER OF
	10St (1) ARTERIO SC.	LEROSIS	YEARS
2	PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED	* 1	19 WAS AUTOPSY PERFORMED?
ATIO	DIABETES MELLITUS.	TE .	YES NO
CEDTIELCATION		RED (Enter nature of injury in Part I or Part II af item 18.)	
MEDICAL	20c TIME OF INJURY Month, Doy, Yeor 20d INJURY OCCURRED 20e While Not While of work of work	PLACE OF INJURY (Home, form, foctory, street, office bldg., etc.)	(County) (State)
	21. 1 certify that (!) (this hespital) attended the deceased from	m 9-14 , 1966 , to 11-25	. 19 66 that (I) (wet last
H	saw the deceased alive an 11-25 19 6, and	that death accurred at 1030 FM, fram causes an	d an the date stated above
	270 SIGNATURE Plantal Madeby	M.O. ATTENDING MED. STAFF DIRECTOR PHYS.	22b. DATE SIGNED 11-26-66
	22: PHYSICIAN'S NAME (Type) MICHAEL MAYELO!	or 10620 georgia Ave	SILIEL SPRING.
2	230 BURIAL, CREMATION, 236 DATE THEREOF 230 NAME OF CEMETERY	OR CREMATORY 23d LOCATION (City or Town)	(County) (Stote)
		Meo. Park Falls Chur	
	24 FUNERAL DIRECTOR 513ADRESVISC	. Ave. N.W.	TRAR'S SIGNATURE
_	Joseph Gawlerla Sons Wash D.	2007 ROATE DEC 1 1966 /	Charles france

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physerem and campletely filled in by the furring director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filled with the State Dept. at Health prior to burial, cremation, ar removal, and in any event, within 72 hours after death. **TO HOSPITAL OR ATTENDING PHYSICIAN:** The law requires that the death certifycie be executed within 24 hours after death. Page 4 may be retained by the haspital at attending physician. VR A15 (4) IIO M 1/66



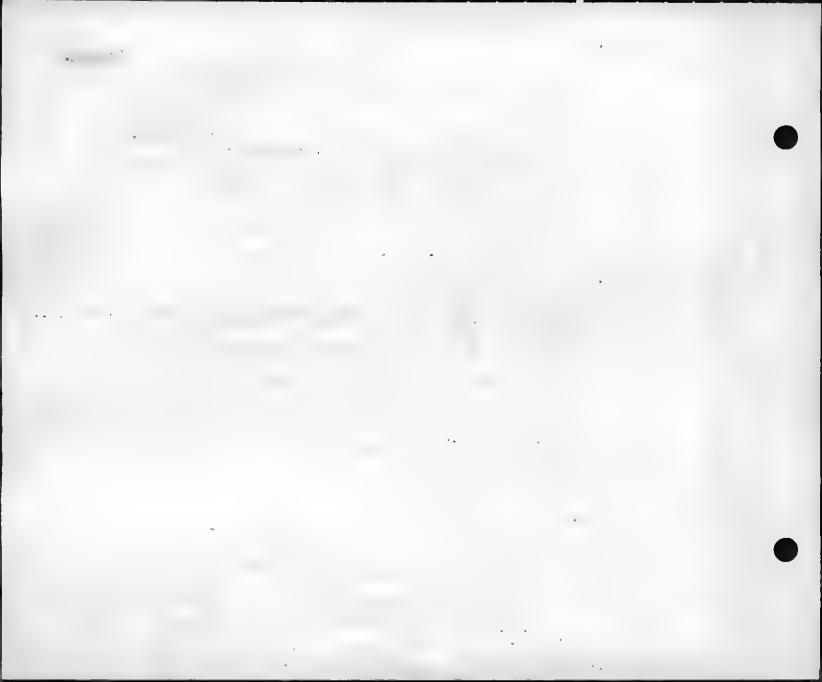
Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

Montgomery General Hospital 3 NAME OF DECEASED (Type or print) 5 SEX 6 COLOR OR RACE 7 MARRIED NEVER MARRIED 8 DATE OF BIRTH 9 AGE (In years list under hidder) Months Doys How Divorced 11 BIRTHPLACE (County & State, or foreign country) 12 CIT ZEN OF WHO DIVING WAS DOWN Retired Cook U.S. Govt. Pittsburg. Pennsylvania 12 CIT ZEN OF WHO DIVORCED 14 MOTHER'S MA-DEN NAME 14 MOTHER'S MA-DEN NAME 14 MOTHER'S MA-DEN NAME 15 MOTHER'S MA-DEN NAME 16 SOCIAL SECURITY NO 17 INFORMANT John R. McDonald Address 2 Manche 18 CAUSE OF DEATH (Enter only one course per une for (a) (b) and (c) Mother's Marche Cook Country and the course per une for (a) (b) and (c) Mother's Marche Cook Country and the course per une for (b) and (c) Mother's Marche Country and the course per une for (a) (b) and (c) Mother's Marche Country and the course per une for (a) (b) and (c) Mother's Marche Country and the course per une for (a) (b) and (c) Mother's Marche Country and the course per une for (a) (b) and (c) Mother's Marche Country and the course per une for (a) (b) and (c) Mother's Marche Country and the course per une for (b) and (c) Mother's Marche Country and the course per une for (c) (b) and (c) Mother's Marche Country and the course per une for (d) (d) and (d) Mother's Marche Country and the course per une for (d) (d) and (d) Mother's Marche Country and the course per une for (d) (d) and (d) Mother's Marche Country and the course per une for (d) (d) and (d) Mother's Marche Country and the course per une for (d) (d) and (d) Mother's Marche Country and the course per une for (d) (d) and (d) Mother's Marche Country and the course per une for (d) (d) and (d) Mother's Marche Country and the course per une for (d) (d) and (d) Mother's Marche Country and the course per une for (d) (d) and (d) Mother's Marche Country and the course per une for (d) (d) and (d) Mother's Marche Country and the course per une for (d) (d) and (d) Mother's Marche Country and the cours	
Olney d NAME OF HOSPIAL OR INSTITUTION (if not in hospital) 3 NAME OF DECEASED (Type or pint) 5 SEX 6 COLOR OR RACE 1-Thite WIDOWED DIVORCED NESTINA DIVORCED NESTINA DIVORCED	mery
Montgomery General Hospital 3 NAME OF DECEASED (Type or print) 5 SEX Male Male Molored Molor	1
Decease Type or print John Robert McDonald Death 11 7	RESIDENCE A FARM? NO 🔀
Male Thite WIDOWED DIVORCED 4/13/84 (ast birthday) Months Days Hours and the property of the p	Year 19 66
Retired Cook IS. FATHER'S NAME John R. McDonald SWAS DECEASED EVER NUS ARMED FORCES? (Yes, na, qu unknawn) (1 yes give, wor or dates of service) 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c)) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Conditions, if any, which gave rise to immediate cause (a), DUE TO Conditions, if any, which gave rise to immediate cause (a), DUE TO Conditions, if any, which gave rise to immediate cause (a), DUE TO Conditions, if any, which gave rise to immediate cause (a), DUE TO Conditions, if any, which gave rise to immediate cause (a), DUE TO Conditions, if any, which gave rise to immediate cause (a), DUE TO Conditions, if any, which gave rise to immediate cause (a), DUE TO Conditions, if any, which gave rise to immediate cause (a), DUE TO Conditions, if any, which gave rise to immediate cause (a), DUE TO Conditions, if any, which gave rise to immediate cause (a), DUE TO Conditions, if any, which gave rise to immediate cause (a), DUE TO Conditions, if any, which gave rise to immediate cause (a), DUE TO Conditions, if any, which gave rise to immediate cause (a), DUE TO Conditions, if any, which gave rise to immediate cause (a),	NDFR 24 HRS Jurs Min.
John R. McDonald Is Was Deceased Ever Nus armed Forces? It was unknown) (f yes give, wir or dates of service) 218-50-5250) It cause of Death (Enter only one cause per line for (a), (b), and (c)) Part I. Death was caused By: IMMEDIATE CAUSE (a) OUE TO Conditions, if any, which gave rise to immediate cause (a), Due to Output Due to Output Due to Output Due to Output Due to SA	
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Conditions, if any, which gave rise to immediate cause (a), DIF TO DIF TO	ND DEATH
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20c TIME OF INJURY Manth, Day, Year Your Not While at work of	(State)
21. I certify that (I) (this haspital) attended the deceased fram 10/25, 1964 to 11/7, 1964, that saw the deceased alive an 11/7 1964, and that death accurred at 5:50 km, fram causes and an the date st	(I) (we) las ated above
ZZa. SIGNATURE M.D. ATTENDING MED. STAFF DIRECTOR PHYS. 22b. DATE SIGNED	
22c PHYSICIAN S NAME (Type) A. Dement Bonifant 22d ADDRESS liedical Center, Olney, Maryland	
230 BURIA, (REMATION, BURIA, (REMATION, 1966 Arlington National Cem. 1966 Arlington, Uirginia	(State)
24 FUNERAL DIRECTOR CLASSE Wisor 8DDRESS Georgia Ave 250. REC'D BY REGISTRAR 250. REGISTRAR'S SIGNATURE 1100 Silver Spring Mydate NOV 1 4 1966 Icharles 9	

TO FUNITAL DIRECTOR: After this certificate has been signed by the attending physican and campletely filled in by the funeral director, page 3 should be detached far use as the burial-transit permit. Then elable remaye carban papers. Pages 1 and 2 should be filed with the State Dept. of Health priar ta burial, crematian, ar remarkal and event, within 72 hours after death VR A15 (4) 20 M 1/66

TO MOSHITAL OR ATTENDING MINSICIAN: The law requires that the death contificate be executed within 24 hours after death

Page 4 may be retained by the haspital or attending physician.



Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

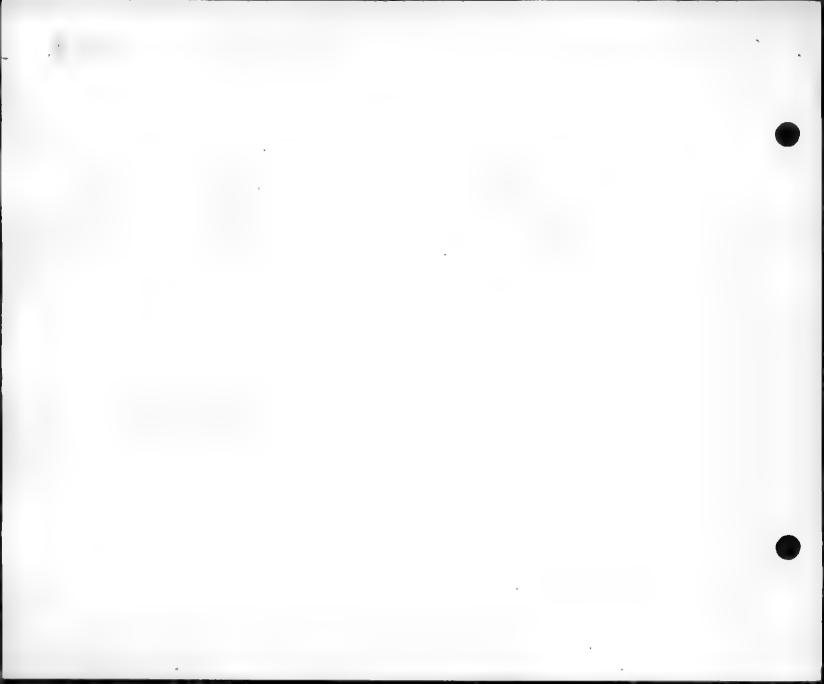
MEDICAL EXAMINER'S CERTIFICATE OF DEATH

151

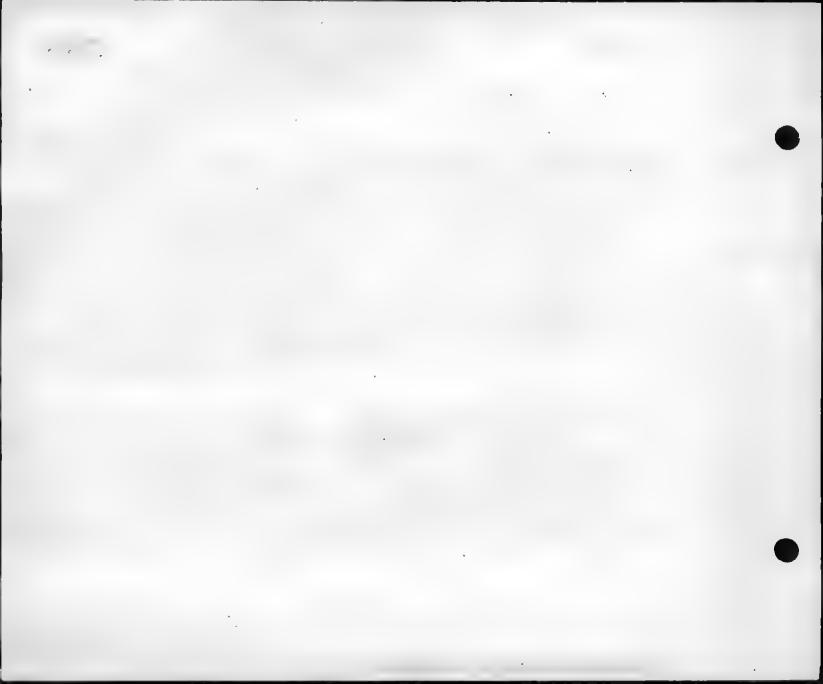
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within 2 n pancil ii Examiner	(8.5))	5m Reyn Idas	Walter has stranger	
Exc	Filo		15	WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO 17_	INFORMANT ON Address—	1521 a
arted 3' m	permit.		(Ye	, no, or unknown) (If yes give war or dates of service)	U. H. H.	VID In W
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d be executed d 'pemding' i Chief Medical	a burial-transit permit. cremotion, or removal,			18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c)) PART I. DEATH WAS CAUSED BY		INTERVAL BETWEEN ONSEL AND DEATH
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certificate s writing the forwarde to	used as burial,		3	PART II OTHER S GNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO	THE TERM NAL DISEASE CONDIT ON G VEN IN PART I(0)	19 WAS AUTOPSY PERFORMED?
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= × ∠ °	designoted				de , Homicide , Undetermined manner	ond in my opinion
se ecto	Signal Si			Action (2008) Action (1), Suit	CHIEF MEDICAL EXAMINER	
pleose e			Į	ACTUAL SIGNATURE John S. Ball -		22. DATE SIGNED
<u> </u>	RAL or it			210 Marione	M D ASSISTANT MEDICAL EXAMINER L. 11/2-/6 6	
O IIIPUTY M nacessory, ple the funeral di	rnoy be re FUNERAL (eolth or its			EXAMINER'S Afohn G. Ball NAME (Type)	Address (Street, city, town, or county)	
le fe	O FUNE Heolth		230	BURIAL, CREMATION, 236 DATE THEREOF 230 NAME OF CEMETERY OR		County) (Stote)
2 = ± ·	^ 2 [±]		E	REMEMORISPECIFY) 11/5/66 Samples Mano		
			24.	Son Wheeler Funeral Home-1331 ADDRESS Kville		
VR ,	A15ME (5). M 1/66	,	ГУ	son wheeler Funeral Home-1331 Rockville Rockville, Maryland		eles Judge



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 15903 and 2 death, PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution. Residence before admission) o. COUNTY b. COUNT campletely filled in by the fun ove carban papers. Pages 1 y event, within 72 haurs after MARYLAND reguires that the death certificate by executed within 24 hours after c LENGTH OF STAY IN 16 b CITY OR TOWN (If outside corporate I mits c CITY OR TOWN (M'auts de carparate limits, write RURAL and give neorest town) write RURAL and give negrest town) OCKVILLE e IS RESIDENCE ON A FARM? d NAME OF HOSPITAL OR INSTITUTION (If not in trosp tal, give street address) d STREET ADDRESS NO 3 NAME OF DATE Midd e Year First DECEASED OF DEATH 19 66 (Type ar print) IF LINDER 1 YEAR IF UNDER 24 HRS 6 COLOR OR RACE AGE (In years 5 SEX NEVER MARRIED 8 DATE OF BIRTH 7 MARRIED Months last birthday) Davs Hours and in any DIVORCED 12 CT ZEN OF WHAT 10o. USLAL OCCLPATION (Give kind of work done 10b KIND OF BUSINESS OR (County & State, or foreign country) during mast of working life, even if retired)
Retired - Sale Pre INDUSTRY COUNTRY ? 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME burial, crematian, or removal ficora e WAS DECEASED EVER IN U.S. ARMED FORCES? INFORMANT (Yes, no, or unknown) (If yes give war or dates of service) CAUSE OF DEATH (Enter only one couse per line for (a) signed by the burial-transit p ONSET AND DEATH PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) TE INSPITATION EXTENDING FEY MICIAN: The saw reguires the Page 4 may be retained by the hospital ar attending physician. DUE TO Canditions, if any, which gave use to immediate couse (a) s certificate has been si ached far use as the b ept. of Health priar ta b DUE TO stating the underlying cause last. WAS AUTOPSY PERFORMED? PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(6) melleta NO 205 DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I ar Part II af item 18.) 20a ACCIDENT WAS UNDERLYING [OR CONTRIBUTING CAUSE OF DEATH Dept. af etached (IF EITHER, NOTIFY MEDICAL EXAMINER) MEDICAL (State) 20c TIME OF INJURY Month, Day, Year 204 INTURY OCCURRED 20e PLACE OF INJURY (Hame, farm, (City or town) (County) Haur o.m. Not While foctory, street, office bldg., etc.) State | at wark at work TO FUNERAL DIRECTOR: After pe 21. I certify that (I) (this hospital) ottended the deseased fram , that (I) (we) last P. M. from couses and on the date stated above. and that deoth accurred of sow the deceased alive on. 22b. DATE SIGNED 22a. SIGNATURE 11-10-66 3 director, page 3 shauld be filed v M.D. DIRECTOR PHYS ADDRESS 22c. PHYSICIAN'S NAME (Type) nest 230 NAME OF CEMETERY OR CREMATORY 23a BURIAL CREMATION 23b. DATE THEREOF (County) (State) REMOVAL (Specify) 25b REGISTRAR 24 FUNERAL DIRECTOR 2Sq. REC'D BY REGISTRAR VR A15 (4)* 20 M 1/66



Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

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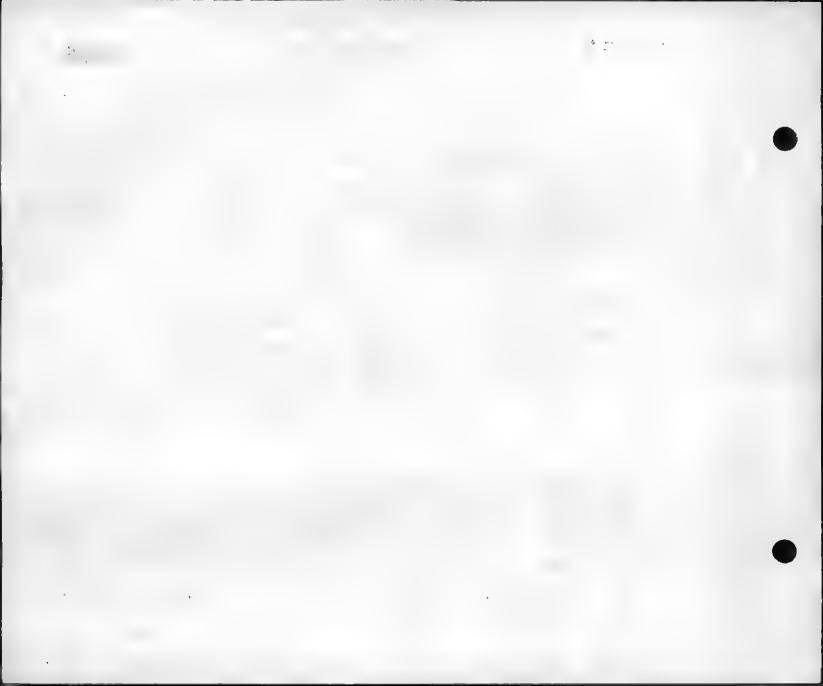
CERTIFICATE OF DEATH

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2. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before admiss a o. STATE b COUNTY	-1
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Maryland Prince George	S
c CITY DR TDWN (If outside corporate im ts, write RJRAL and give nearest town)	-
Hvattsville //	
d. STREET ADDRESS e. IS RESID	ENCE
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	66
B DATE OF BIRTH 9 AGE (In years IF UNDER 1 YEAR IF UNDER	
	Min
11. BIRTHPLACE (County & State, or foreign country) 12 CITIZEN OF WHAT	
Maryland USA	
14. MOTHER'S MAIDEN NAME	
Harriett E. Carpenter	
r. Clarence Merryman	
INTERVAL BET	WEEN
A C C (U.S. COM C)	
7	
THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19 WAS AUTO PERFORMI	OPSY
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(Enter noture of injury in Port I or Port II of Item 18.)	
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TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physical and completely filled in by the funeral director, page 3 should be detached far use as the burial-transit permit. Then please-demane carbon papers. Pages 1 and 2 should be filled with the State Dept. of Health prior to burial, cremation, ar remayal, deductory event, within 72 haurs after death. **TO HOSPITAL OR ATTENDING PHYSICIAN:** The law requires that the demth certificate by executed muthin \$14 haurs after death Page 4 may be retained by the hospital or attending physician.

VR A15 (4) 20 M 1/66



MARYLAND STATE DEPARTMENT OF HEALTH

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 OF DEATH 15905 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) PLACE OF DEATH COUNTY IMER MARYLAND CITY OR JOWN (If outside corporate limits, write RURAL and give nearest John) (ITY OR TOWN (If autside of parate imits, Zwrite BurkAL and give nearest town) c. LENGTH OF STAY IN 1b Baldwin e IS RESIDENCE d. STREET ADDRESS d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital give street address) ON A FARM? YES NO 3 NAME OF Middle 4. DATE Doy Year DECEASED OF DEATH 19 6 (Type or print) 6 COLOR OR RACE DATE OF B'RIH AGF (In years IF UNDER 1 YEAR IF UNDER 24 HRS 7. MARRIED NEVER MARRIED X Months Hours DIVORCED 10a. USUAL OCCUPATION (G've kind of work done 10b KIND OF BUSINESS OR 11 Blk, HPLACE (County & State or foreign country) 12. C TIZEN OF WHAT Housekeeper - retired COUNTRY? INDUSTRY Baltimore, Md. U.S.A. 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME Joseph Meyers Fianna Mumma 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO 17. INFORMANT Address (Yes, na, or unknown) (If yes give wor or dates at service) Asburg Methodist Home Gaithersburg, Md. INTERVAL BETWEEN 18 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).) PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (o) DHE TO Conditions, if any, which gave rise to immediate couse (o), DUE TO stating the underlying couse PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART NO WAS AUTOPSY PERFORMED? CERTIFICATION YES NO 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18.) 200 ACCIDENT WAS UNDERLYING [OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER MEDICAL 20e, PLACE OF INJURY (Home, form, (City or town) 20c. TIME OF INJJRY Month, Day, Year 20d. INJURY OCCURRED (County) (Stote) Hour om factory, street, office bldg., etc.) While Not While of work of work 166. 19_, that (1) (we) last 21. I certify that (1) (this hospital) attended the deceased fram. and that death accurred at 206 PM, from causes and an the date stated above. saw the deceased alive an 11/11/2 22o SIGNATURE 22b. DATE SIGNED ATTENDING PHYS STAFF DIRECTOR 22d ADDRESS 22c. PHYSTEIAN'S NAME (Type) 23b. DATE THEREOF 11/14/66 23d LOCATION (City or Town) 23o. BUR AL CREMATION (County) REMOVAL (Specify) Long Green, Md. Balto. Wilson Methodist Cemetery Rurial 25b REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR 250 RECID BY REGISTRAR

0 physician and completely fen please remove corban signed by the buriol-transit p by the hospital or ottending After this certificate hos be retained O FUNERAL DIRECTOR:

sevent, within 72 hours after

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be detached for use State Dept. of Health p

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VR A15 (4) 20 M 1/66

director, page 3 should shauld be filed with the

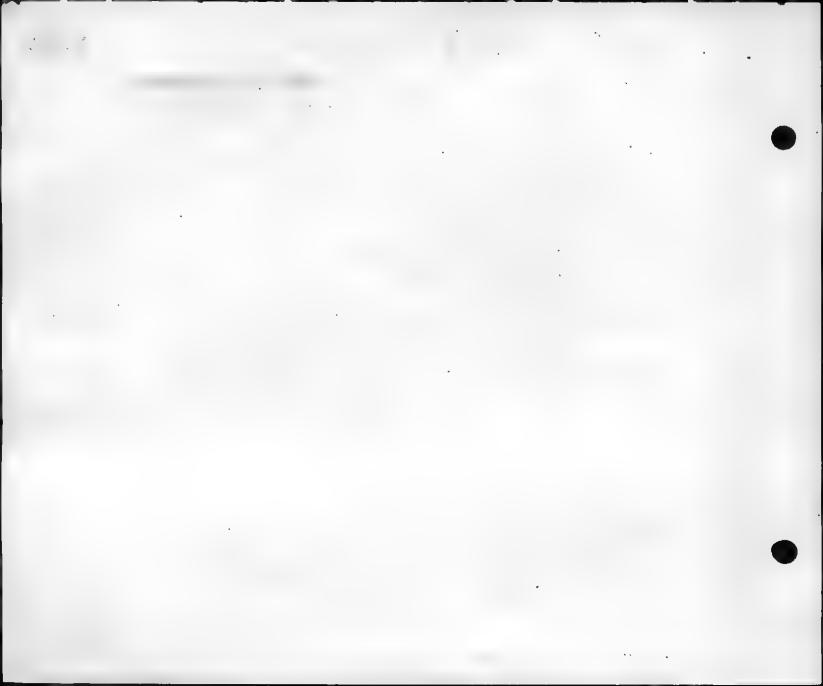


TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cramation, or removal, and in any event, within 72 hours after death. TO MOSHITH BRATTERDING MAYICIAM The law requires that the Leath merificate be executed within 24 flours after death. Page 4 may be retained by the hospital or attending physician.

VR A15 5 (4) 1/65

MARYLAND STATE DEPARTMENT OF HEALTH OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
CERTIFICATE OF DEATH DIVISION 5906

10000
1. PLACE OF DEATH a COUNTY b COUNTY COUNTY
b. CITY OR TOWN (If outside corporate limits, c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write kURAL and give nearest town)
d. NAME OF HOSPITAL OR INSTRUTION (if not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM?
Montgomen Conversent Home 344 Raliegh Street SE. VES NOW
3. NAME OF DECEASED OF First Middle Last 4. DATE Month Day Year DECEASED (Type or print) Ohn Henry Miller R. DEATH November 9 1966
5. SEX 1.6. COLOR OR RACE IN MAGNICO TO MENTO TO 1.8. DATE OF BIRTH 19. AGE (In years LIFT) MOFE 1 YEAR IPOINGER 24 HES.
Male White WIDOWED DIVORCED June 14, A01 65 yrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done 10b. KINO OF BUSINESS OR during most of working life, everylif retired) 10b. KINO OF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S MAINE 14. MOTHER'S MAIOEN NAME /
Harry miller Blees Streine
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address WASh. DC
(Yes, no, or unkown) (If yes give war or dates of Service) Divisht L. Millow = 303 - Parbland 81.5E
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Veeling a line act
DUE TO
gave rise to immediate (b) At pleyer, becausely and I gove rise to immediate
cause (a), stating the DUE TO putting Scherote country country distance to the
PARTIL OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? YES NO NO NO NO NO NO NO N
20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of Item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
Soc. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm., P.m. 19 Not While at work at work
21. I certify that (I) (this hospital) attended the deceased from 1/1/ 1945, to 1/1/9, 1945, that (I) (we) last
saw the deceased alive on 194, and that death occurred at 3.24 M, from the causes and on the date stated above.
M.D. ATTENDING MEO. STAFF 700, 9-1960
22c. PHYSICIAN'S NAME (Type) 22d. ADDRESS
A.D. BOHIFANT PANY PANY, MU,
23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) (State)
Buriof Nov. 12-66 (effect Hill cemetery Suttland med.
24. FUNERAL DIRECTOR ADDRESS 641 Good Hap 250 TREGISTRAN 250 REGISTRAN'S SIGNATURE
2/mmons Syothers Tuperal Home, Rd-SE-Wash & DOATE



IS RESIDENCE ON A FARM?

IF UNDER 24 HRS

Hours

INTERVAL BETWEEN

ONSET AND DEATH

19 WAS AUTOPS' PERFORMED?

NO X

(Stote)

YES

IF UNDER 1 YEAR

12 CITIZEN OF WHAT

COUNTRY

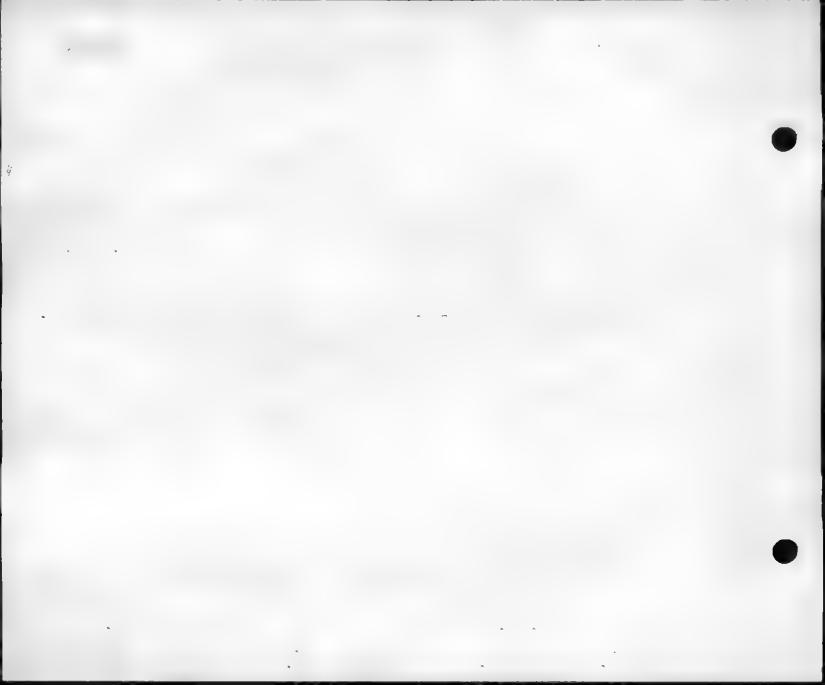
tampshire

(County)

DATE SIGNED

Months

CERTIFICATE OF DEATH Beath certificate be executed within 24 hours after doubt PHO PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased , ved, if institution Residence before admission) o COUNTY **b** COUNTY MARYLAND b CTY OR TOWN (It butside corporate potts CLENGTH OF STAY IN TO autside corparate limits, write RURAL and give neorest tawy d NAME OF HOSPITAL OR INSTITUTION (JE-not in hospital, give street address) d STREET ADDRESS within 72 filled NAME OF Middle DATE Lost completely DECEASED OF 0 event, (Type or print) Corl DEATH 9. AGE (In years SEX 6 COLOR OR RACE DATE OF BIRTH 7 MARRIED NEVER MARRIED remove lost birthdoy) ond in any DIVORCED puo 100 USLAL OCCUPATION (Give kind of work done 106 KIND OF BLS NESS OR 11 BiRTHPLACE (County & State or foreign country) during most of working the, even if retired) INDUSTRY Manufacturina physicion 13. FATHER'S NUME 14. MOTHER'S MAIDEN NAME removal, WAS DECEASED EVER IN U.S. ARMED FORCES? 16 SOCIAL SECURITY NO INFORMANT (Yes, no, or unknown) (If yes give wor or dotes of service 0 None 204-14-5471 cremation, OR ATTENDING PHYSICIAN: The low requires that the 18. CAUSE OF DEATH (Enter only one couse per line) for (o), (b), and (c), signed by the burral-transit PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (o) **DUE TO** buriol, Conditions, if any, which gove rise to immediate couse (a), DUE TO stating the underlying couse Page 4 may be retained by the hospital or attending this certificate has been detached for use as the prior to PART IL OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) ofheolth 200 ACCIDENT WAS JNDERLYING [20b DESCRIBE HOW INJURY OCCURRED (Enter noture of injury in Port I or Port I of Item 18) OR CONTRIBUTING CAUSE OF DEATH detoched (IF EITHER, NOTIFY MEDICAL EXAMINER) ge 3 should be detoche ed with the State Dept 20c TIME OF IN JRY Month, Doy, Year 20d .NJURY OCCURRED 20e, P.ACE OF INJURY (Home, form, (C 'y or town) Hour a.m. While factory, street, office bldg., etc.) Not While ot work L of work 21 I certify that (I) (this-hospital) attended the deceased from Land TO FUNERAL DIRECTOR: saw the deceased alive an 1966, and that death occurred at Sissim, from couses and on the date stated above 22g SIGNATURE DIRECTOR Troman pode 22d. ADDRESS 22r PHYSICIAN S director, po 230 BURIAL, CREMAT ON 23b DATE THEREO 23c NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) Rock Creek Cemeteru Washington. 1966 VR A15 (4) 25M 1/67



	n and campletely filled the funeral director,	arbon popers. Pages I a should be fried with	rendeath.
ending physicion.	R: After this certificate has been signed by the ottending physician and camples	ached for use as the buriol-transit permit. Then please remove carbon papers	egistror prior to burial, cremotion, or removal, and in any event within 72 hours af
may be retained in the hospital of offi	D FUNERAL DI R: After this certi	page 3 should are ached for use as	the registror prior to burial, cremotion,

TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be exmuted within 21 haurs after death. Page 11

15908	}	CERTIFICA	ATE OF DEATH	1	Reg. Dist	. No. 15	91
1. PLACE OF DEATH 0. COUNTY MO	ntgomery	MARYLAND	2. USUAL RESIDENCE (Who o. STATE Maryl	- b.C	OLD ITY	before admission)	
RURAL and give r	ngton	1 Yr. 6 Mos	c. CITY OR TOWN (IF or Chevy	otside corporate limits. Chase			N/E
	TAL (If not in hospital, give street	ursing Home		h Street		ON A FAI	RM?
3. NAME OF (Type or print)	CLAR	A Bell /	MOBLEY	4. DATE OF DEATH	Month Nov. 29,	Day Year	66
5. SEX	6 COLOR OF RACE 7 MAR	RRIED NEVER MARRIED	8. DATE OF BIRTH Jan. 4, 18	77 9. AGE (Ir last birt 89		YEAR IF UNDER 24	Min.
Housewif	ON (Give kind of work done 10b king life, even if retired) C	, KIND OF BUSINESS OR INDU	Laytonsvi	lle,Maryl		EN OF WHAT CO	UNTRY
13. FATHER'S NAME Silas	A. Bell		14. MOTHER'S MAIDEN N E. Rebe	cca Cashe	11		
IS. WAS DECEASEDEV	(II yes, give war or dates of service)		n romant ensington G	ardens Re	Address Same Scords	e as It	em
Conditions, if a gove rise to couse (a), stating lying couse last	mmediate DUS TO	D. advanced	abetes >	nellitu.	S DON GIVEN IN PART	8 yr	CAL- COPSY
OR CONTRIBUTION	AS UNDERLYING 206 DE 3 CAUSE OF DEATH	SCRIBE HOW INJURY OCCURRE	D. (Enter nature of injury in P	art I or Port It of Ilem	18)	PERFORME YES N	
20c TIME OF INJU Hour o.m. p.m.	White		ACE OF INJURY (Hame, form, ctory, street, office bldg., etc.		(Co	iunty)	(Stote)
21. I certify to alive an Actual signature NAME (Typo)	tank G.	sed fram Ma 66, and that death leasy see h 1, GREER	accurred at 430	M. from the co ADDRESS (Sireet, city of Way Cla		date stated	
220 BURIAL CREMATIC REMOVAL (Specify Burial		St. John's	Church Cem	nd. Logation (City.	town, or county) Marylar	rd (Stole)	
23 FUNERAL DIRECTOR ROBERT A		Bethesda, Ma			66 Miles	vature Jud	ge-



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

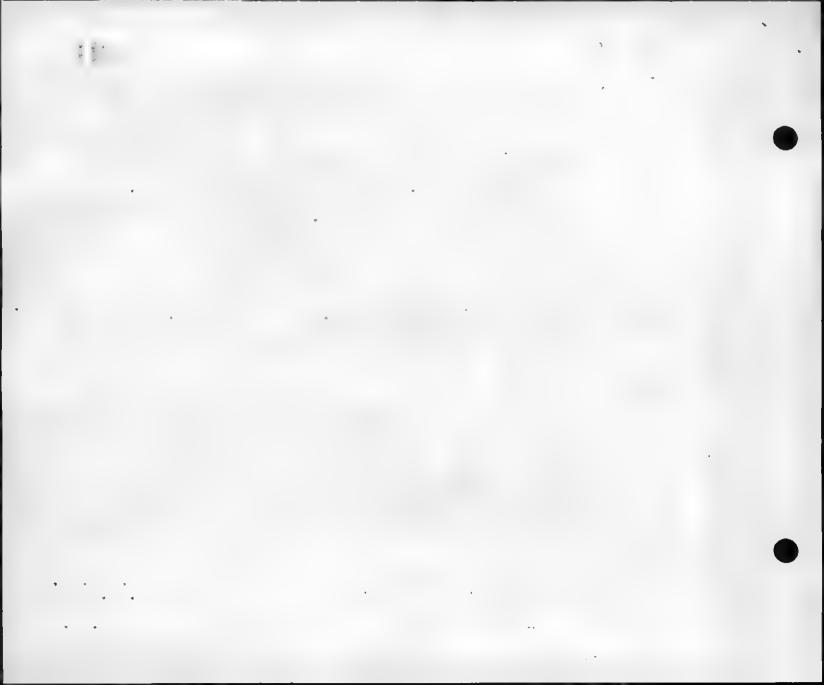
15909 CERTIFICATE OF DEATH 2 USUAL RESIDENCE (Where deceased lived, if institution Residence before admission) PLACE OF DEATH b COUNTMONTSOMERY o COUNTY Montgomery Maryland MARYLAND b CTY OR TOWN (If outside carparate imits, write RURAL and give nearest tawn) C. LENGTH OF STAY IN 16 c CITY OR TOWN (If outside corparate limits, write RURAL and give nearest tawn) 8 vears Bethesda Bethesda d NAME OF HOSPITAL OR INSTITUTION (If not in haspital, give street address) d. STREET ADDRESS 6917 Wilson Lane 6917 Wilson Lane YES NO S 3. NAME OF Middle Last 4 DATE Yedi OF DEATH DECEASED BERTHA MOORE Nov. 19 66 Type or print) IF UNDER 24 HRS S SEX 6 COLOR OR RACE 7 MARRIED 8 DATE OF BIRTH AGE (In veors IF UNDER 1 YEAR NEVER MARRIED last birthday) Manths Days Hours White Female Jan. 9.1880 DIVORCED .Oo. USUAL OCCUPATION (Give kind of work done 10b K ND OF BUSINESS OR 11 BIRTHPLACE (County & State or foreign country) 12 CITIZEN OF WHAT during most of working ife, even if refired) INDUSTRY COUNTRY? Indiana U. S. Housewi fe 14. MOTHER'S MAIDEN NAME 13 FATHER'S NAME William Cates Lavinia LaForge 15 WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no, or unknown) (If yes give wor or dotes of service) 16 SOCIAL SECURITY NO 17 INFORMANT Address Same as Item 2. 304-09-1682 Mrs. Edward Nell. Jr. 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). INTERVAL BETWEEN PART I. DEATH WAS CAUSED BY: ONSEL AND DEATH IMMEDIATE CAUSE (o) DUE TO Canditions, if any, which gave nse to immediate cause (a), **DUE TO** stating the underlying cause 19 WAS ALTOPSY PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) PERFORMED? NO D 20o ACCIDENT WAS JNDERLYING [205. DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 11 of item 18) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) MEDICAL 20d INJURY OCCURRED 20e PLACE OF INJURY (Home, form, (City or rown) (County) (Stote) 20c TIME OF INJURY Month, Day, Year Hour a.m. factory, street, affice bldg . etc.) Not While While at work at wark 21 | certify that (1) (this hospital) attended the deceased fram . 19 , 1966, that (I) (we) last saw the deceased alive an 10-26 1965, and that death accurred at 100 M, fram causes and an the date stated above. 22b DATE SIGNED 22a. SIGNATURE **ATTENDING** 4701 Mass. 22c. PHYSICIAN'S 22d. ADDRESS Ave. NAME (Type) Washington 235 DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) 230 BURIAL, CREMATION, (County) Washington. 11-12-66 Rock Creek Cemetery 24 FUNERAL DIRECTOR PUMPHREY, Bethesda, Maryland

executed within 24 hours after death n any event, within 72 completely filled remave carban MHY ICEM: The law requires that the death certificate signed by the burial-transit p cremat burial, as the prior to i Page 4 may be retained by the haspital ar attending detached far use te Dept af Health certificate O FUNERAL DIRECTOR: director, page 3 O HUTHITAL VR A15 (4) 20 M 1/III

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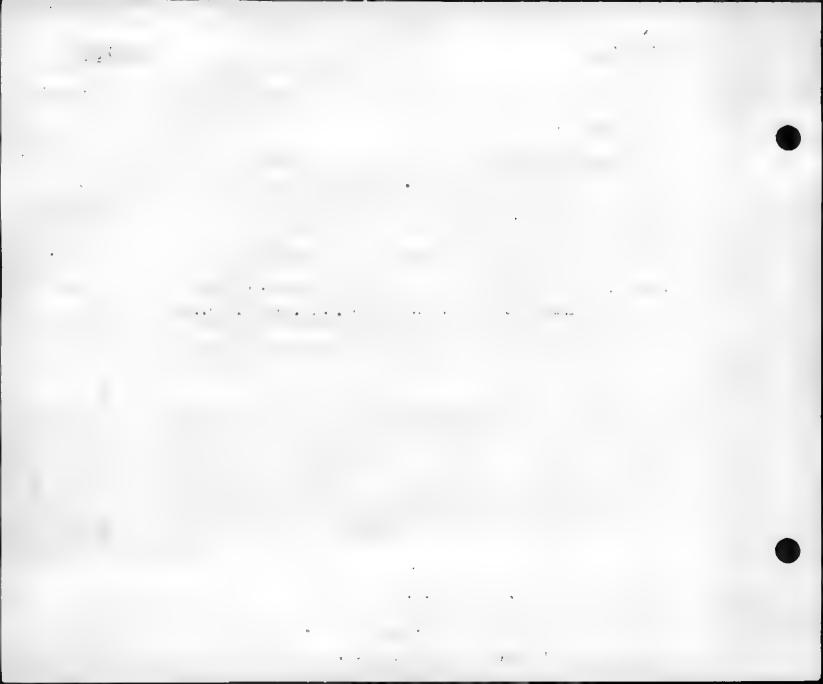


MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

CERTIFICATE OF DEATH 15910 2. USUAL RESIDENCE (Where deceased lived, if institution. Residence before admission) PLACE OF DEATH a. COUNTY Montgomery Maryland MARYLAND Montgomery b CITY OR TOWN (If outside corporate limits, c. CITY OR TOWN (If outside corporate limits, write RURAL and give negrest fawn) c LENGTH DE STAY IN 16 write RURAL and give negrest town) Chevy Chase Kensington d STREET ADDRESS e IS RES DENCE d NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) YES NO X 3911 Bradley Lane Carroll Hall Sanitarium 3 NAME OF Midd e Lost 4 DATE Year DECEASED (Type or print) C. MOORE NOVEMBE 4 1966 DEATH 8 DATE OF BIRTH 9. AGE (In years F UNDER 1 YEAR IF UNDER 24 HRS S SEX 6 COLOR OR RACE 7 MARRIED NEVER MARRIED last outhday) April 16,1890 Hours Female Caucasian WIDOWED DIVORCED 10b k ND OF BUSINESS OR 12 CITIZEN OF WHAT 11, BIRTHPLACE (County & Stote, or foreign country) 100 USUA, OCCUPAT ON (Give kind of work done COUNTRY? during most of working life, even if retired) INDUSTRY Own Home Kentucky. U.S.A Housewife 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME Ella L. Johnson John R. Collette IS WAS DECEASED EVER IN U.S ARMED FORCES? 16. SOCIAL SECURITY NO. 17 INFORMANT Address (Yes no, or unknown) (If yes give wor or dates of service) 212-52-6000 Mrs. J.F. Yriart. Dtr., Same as #2 INTERVAL BETWEEN 18 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c)) ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o). DUE TO Conditions, if eny, which gove use to immediate couse (a). DUE TO stating the underlying couse PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERM.NAL DISEASE CONDITION GIVEN IN PART 1(0) WAS AUTOPSY PERFORMED? CEREBRAL SCLEROSIS 205 DESCRIBE HOW INJURY OCCURRED, (Enter nature of injury in Part I or Part II of item 18.) 200 ACC DENT WAS UNDERLYING [OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER 20d INJURY OCCURRED 20e, PLACE OF INJURY (Home, form, (City or town) (County) (Stota) 20c TIME OF INJURY Month, Day, Year foctory, street, office bldg., etc.) Hour o.m. Not While ot work , 1966 , to NOU - 22 , 1966, that (1) (we) last 21. I certify that (1) (this hospital) attended the deceased fram AUG. 22 saw the deceased alive an Nov. > 1966, and that death accurred at 705 AM, from causes and an the date stated above. 22b. DATE SIGNED 220 SIGNATURE M.D. DIRECTOR 22c PHYSICIAN S 22d. ADDRESS NAME (Type) 23b. DATE THEREOF 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) (County) (Stote) 230 BURIAL CREMATION Burial (Specify) 11/23/66 Ft. Lincoln Cem. Bladensburg. Maryland 24 FUNERAL DIRECTOR Joseph Gawler's Sons. Washington. D.C. DATE

certificate be executed within 24 haurs after death. campletely filled in by the funeral ave carban papers. Pages 1 and remave carban ease attending physician sermit. Then please or remaval, requires that the death permit. signed by the burial-transit p the by the hospital ar O FUNERAL DIRECTOR: After this certificate be retained directar, page shauld be filed

VR A15 (4) 20 M 1/66



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 DEATH 15911 OF 2 USUAL RESIDENCE (Where deceased lived, funstitution Residence before admission) PLACE OF DEATH & COUNTY MARYLAND 7617750,775 121 CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town C LENGTH OF STAY IN 16 b. CITY OR YOWN (If outside corporate limits, write RURAL and give nearest town) ethesda e IS RESIDENCE ON A FARM? d NAME OF HOSPITA, OR INSTITUTION (If not in hospital, give street oddress). d STREET ADDRESS. NO V Wbur han Middle Inst Dov Year aRhead 19 66 (Type or print) IF UNDER 1 YEAR AGE (In years IF UNDER 24 HRS B. DATE OF BIRTH NEVER MARRIED 7 MARRIED lost birthdoy) Months Days 10-26-WIDOWED DIVORCED 12 CITIZEN OF WHAT KIND OF BUSINESS OR (County & State or foreign country) 100 JSUAL OCCUPATION (Give kind of work done ouring prost of working lite, even if retired) COUNTRY? INDUSTRY tonnA. 13 FATHER S NAME 14 MOPPERS MAIDEN NAME Encetrus Kandidress Bellevile no IS. WAS DECEASED EVER IN U.S. ARMED FORCES? 16 SOCIAL SECURITY NO. (Yes, no, or unknown) (If yes give wor or dates of service) MIERVAL BETWEEN IB. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c) PART I. DEATH WAS CAUSED BY: Conditions, if ony, which gove rise to immediate cause (o). DUE TO stoting the underlying couse 19 WAS AUTOPSY PART II OTHER SIGNIFICANT CONDITIONS CONTRIBLTING TO DEATH BLT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN THE PART INC. PERFORMED? NO A YES tenter nature of injury in Port I of Port II of Item 18 205 DESCRIBE HOW INJURY OCCURRED 20g ACCIDENT WAS UNDERLYING [OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER 20e PLACE OF INJURY (Home, form, (City or town) (County) (Stote) 20d INJURY OCCURRED 20c TIME OF INJURY Month, Doy, Year Net While foctory, street, office bldg. etc.) Hour om. While at work of work 2) I certify that (I) (this hospital) attended the deceased from Oct. 31 11-9- 1966, and that death occurred of hole AM, from causes and an the date stated above. saw the deceased alive on. 22b. DATE SIGNED 220 SIGNATUR STAFF PHYS ATTENDING DIRECTOR M.D ADDRESS 22c PHYSICIAN'S NAME (Type) (Stote) 23b DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY Arlington.

Melianes

TO FUNERAL DIRECTOR: After this certificate has director, page 3 should should be filed with the 230 BURIAL CREMATION REMOVAL (Specify) 11-14-66 Arlington Natl Burlal 250. REC'D BY REGISTRAR 25b. REGISTRAR 5 SIGNATURE 24. FUNERAL DIRECTOR VR A15 (4) 20 M 1/66 PUMPHREY, Bethesda, Maryland 1966

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3. NAME OF

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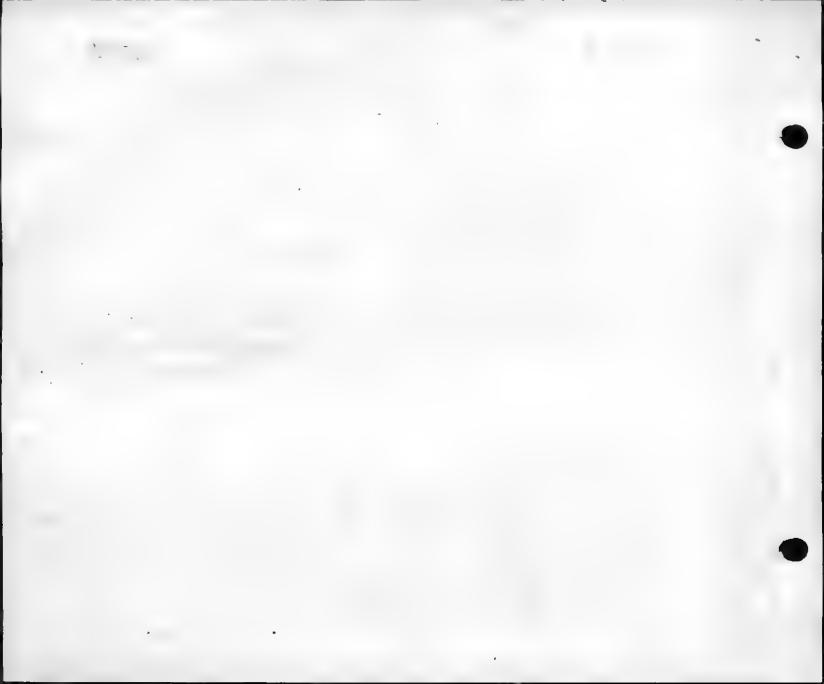
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atter this certificate has been signed be detached for use as the burial-treated Forte Dept. of Health prior to burial,

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MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF 2. USUAL RESIDENCE (Where deceased lived, if institution. Residence before admission) o. STATE b. COUNTY MARYFAND NGTH OF STAY IN 16 ON A FARM? (If not in haspital, nive street address) d. STREET ADDRESS DATE 0F DEATH YFAR DATE OF BRILL F UNDER IF LINDER 24 HRS NEVER MARRIED AGE (In years 6 COLOR OR RACE 7 MARRIED birthdoy) Hours 12 CITIZEN OF WHAT 10o LISUAL OCCUPATION (Give kind of work done 10b KIND OF BUSINESS during most of working lide even fretired) COUNTRY! man MOTHER S-MARDEN NAME 16. SOCIAL SECURITY NO INFORMAN' INTERVAL BETWEEN CAUSE OF DEATH (Enter only one cause pe ONSET AND DEATH PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) DUE TO Conditions, if any, which gave rise ta mmediate cause (a), DUE TO stating the underlying couse WAS AUTOPS)
PERFORMED? PART II. OTHER SIGNAFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) YES T NO 205, DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Port II of item 18.) OR CONTRIBUTING CAUSE DE DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20d INJURY OCCURRED 20e PLACE OF INJURY (Home, form, (City or town) (County) (Stote) 20c. TIME OF INJURY Month, Day, Year factory, street, affice bldg , etc.) Not While

last. 200 ACCIDENT/WAS UNDERLYING/

Hour a.m.

15912

1. PLACE OF DEATH

o COUNTY

3. NAME OF DECEASED

S SEX

(Type or print)

13 FATHER S NAME

at work at wark 21. I certify that (1) (this haspital) attended the deceased fram 19 6/5 that (1) (we) last 19 lolo and that death accurred at Am M, from causes and on the date stated above. saw the deceased alive an 22b. DATE SEGNED 220-SIGNATURE STAFF

22d ADDRESS

	220	PHYSICIAN S NAME (Type)
a a	BJR	IAL CREMATION.

BULLI (Specify)

23b DATE THEREOF 11/10/66 23c. NAME OF CEMETERY OR CREMATORY Arlington, National

23d LOCAT ON (City or Town) Arlington

(Edunty)

(State) Va.

VR A15 (4) 20 M 1/66

executed within 24 haurs after death

requires that the death certificate be

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completely filled in by the funeral

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attending permit. The

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TO FUNERAL DIRECTOR: After this certificate

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director, page 3 shauld should be filed with the

MEDICAL

by the hospital or attending physician.

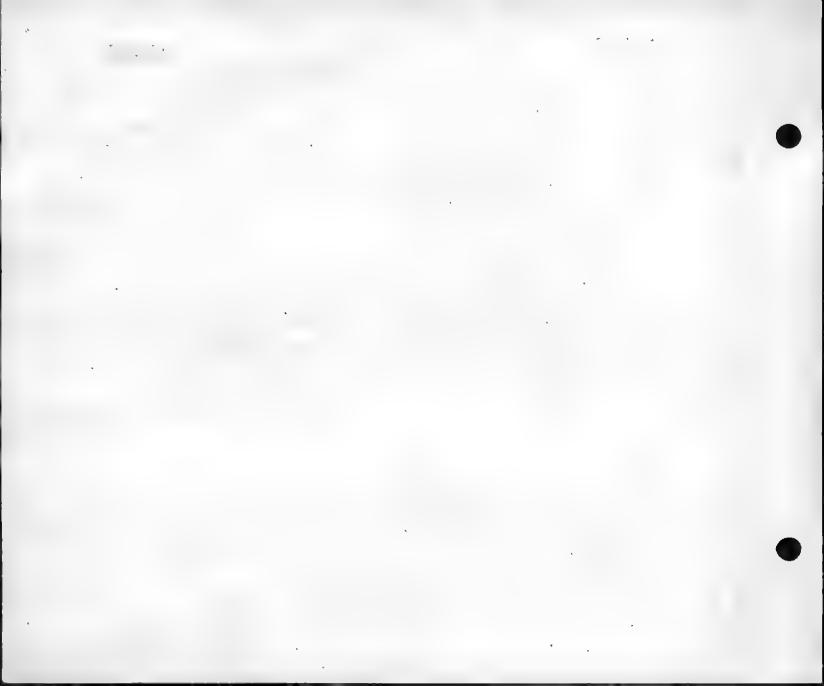
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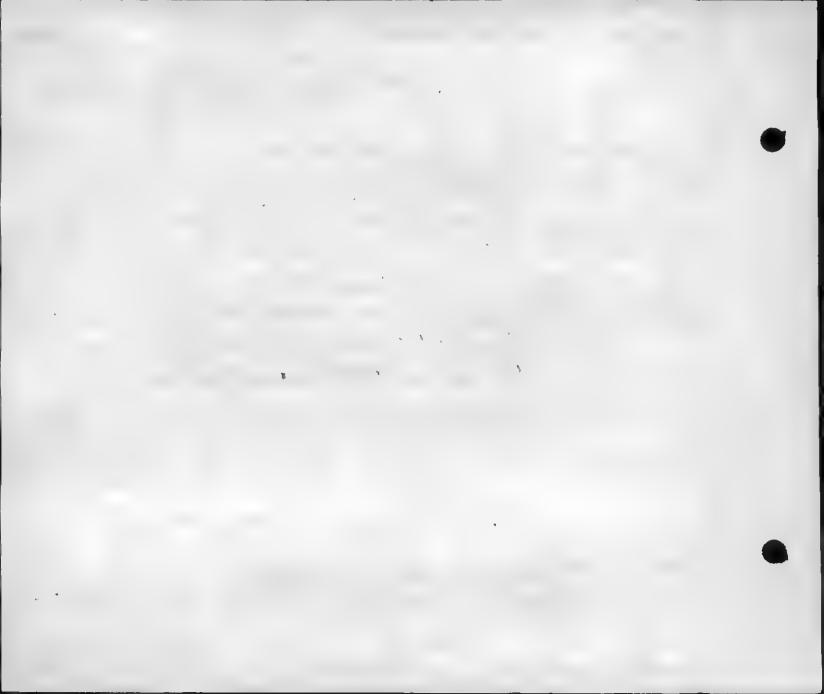
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VS A1S (4) 1SM 9/58

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MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18





DIMISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH death. PLACE OF DEATH USUAL RESIDENCE (Where deceased lived, if Institution: Resignace before admission) a. COUNTY a. STATE b. COUNTY after Frome within 72 hours after d MIONTGOMER MARYLANO by the Pages b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) C. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) hours PRi E IVER 5 papers. d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) filled IS RESIDENCE ON A FARM? d. STREET ADDRESS 2101 NO X completely ive carbon p within NAME OF DATE First Middle Last Oay Year DECEASED event, DEATH (Type or print) 1966 executed ast birthday) Months and con 5. SEX 6. COLOR OR RACE OATE OF BIRTH ACE (In years | IF UNDER 1 YEAR IF UNDER 24 HRS 8. 7. MARRIED I NEVER MARRIEO [Oays Hours any Mar. 8 1906 WIOOWED IV DIVORCED 18 attending physician a ermit. Then please re on, or removal, and in a .= 10a. USUAL OCCUPATION (Give kind of work done) 10b. KIND OF BUSINESS OR INDUSTRY 12. CITIZEN OF WHAT 11. BIRTHPLACE (County & State, or foreign country) during most of working life, even if retired) Glass Co. Retiréd Washington, D. USA certificate 13. FATHER'S NAME MOTHER'S MAIDEN NAME 15. WAS OFCEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. INFORMAN' Address Same Son (Yes, no, or unkown) | (If yes give war or dates of service) death ed by the atter transit permit cremation, or Item 2. as Murray thur in signed by the burial-transit purion burial, cremation 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c). INTERVAL BETWEEN aw requires that the ONSET AND DEATH PART I, OEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) or attending physician, DUE TO Conditions, If any, which (b) the by gave rise to Immediate DUE TO certificate has being the for use as the of. of Health prior to cause (a), stating the underlying cause last. (c) CERTIFICATION PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION CIVEN IN PART 1(a) WAS AUTOPSY PERFORMED? YES NO 1 20a. ACCIDENT WAS UNDERLYING TO OR CONTRIBUTING TO CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of Item 18.) r this certify detached for the Dept. of A CAL 20c. TIME OF INSURY Month, Cay, 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (County) (State) 20f. (City_or town) be de State Hour a.m. MED. While Not-While After retained by ATTENDING at work at work DIRECTOR: Al 1964 21. I certify that (I) (this hospital) attended the deceased from 9/12 M, from the causes and on the date stated above. saw the deceased alive on and that death occurred at. SIGNATURE OATE SIGNED pe page ATTENDING PHYS. STAFF M.O. DIRECTOR PHYS HOSPITAL FUNERAL 22c. PHYSICIAN'S ADDRESS 22d. director, p NAME (Type) WHITE MERTON 23a. BURIAL, CREMATION, 23h. NAME OF CEMETERY OR CREMATORY (State) town or county) REMOVAL (Specify) 2 Prince George Burial 11-30-66 Cem County ncoln FUNERAL DIRECTOR ADDRESS REC'D BY RECISTRAR 25b. REGISTRAR'S SICNATUR 25a. 1966 VR A15 (4)

MARYLAND STATE DEPARTMENT OF HEALTH

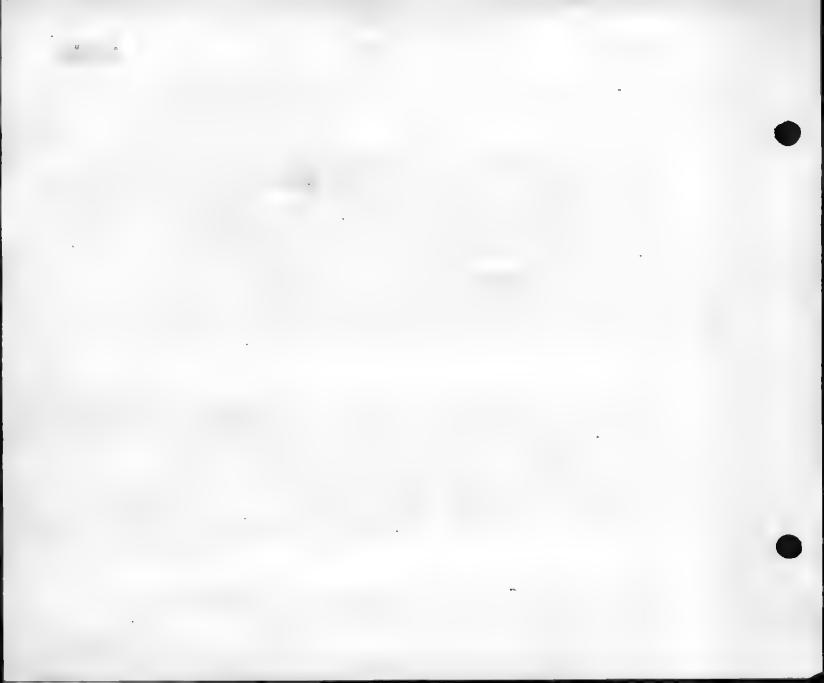


MARYLAND STATE DEPARTMENT OF HEALTH

1	Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201				
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filled in papers.	1	NAME OF HOSP TAL OR INSTITUTION (IF O	GARCENS	2408 CLAPMAN	Rd 6 IS RESIDENCE ON A FARM? YES 40 8
with with		Type or print) A A A	irst & Middle 71	7URRAY DEATH	70 V 29 1966
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'S D`		FATHER NAMEY AMES 5	CHERMETHORN	14. MOTHER'S MAIDEN NAME	Billingbin
signed by the attending phy burial-transit permit. Then burial, cremation, ar remava		WAS DECEASED EVER IN U.S. ARMED FORCES: s.n.e. ar unknown) (If yes g ve war or dotes		Informant muzzoy)+	yachiret le me
y the a		1B. CAUSE OF DEATH (Enter only one co PART I. DEATH WAS CAUSED BY. IMMEDIATE CAUSE	NEOFRO - MACCO	LAR ACCIOENT	INTERVAL BETWEEN ONSET AND DEATH
signed by the burial-transit burial, cremat		Conditions, If any, which gave) rise to immediate cause (a),	(b) CEREBRAL ART	ERIOSCLEROSIS	10 YR=
the r to		stating the underlying cause last.		ARTERIOSCLEROSI	
te has b use as alth prio	CATION		SENTERIC ARTERY		YES NO
rentificate hore hore for use to af Health	1 CERTIFICATION	200 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		(Enter noture of injury in Port I or Port II of it	
After this certified be detached State Dept. a	MEDICAL	20c. TIME OF INJURY Month, Day, Year Haur a.m p.m. 19	While Not While for	tory, street, office bldg , etc.)	r town) (County) (State)
ECTOR: After 3 shauld be with the Sta		saw the deteased alive an_	ospital) attended the deceased fram	10/26 , 1966 pa // at death accurred at 6:40 M, from	causes and an the date stated above
W		220. SIGNATURE MALLS	en, has	D. ATTENDING MED. PHYS. DIRECTOR F	TAFF 22b DATE SIGNED HYS.
VERAL DIII		22c MYSICIANS RONALD (10401 OLD GEARLE	
direct shoul	1	1.500 0.41	HEREOF 230 NAME OF CEMETERY OR 3,1466 Crach after a		(City or Town) (County) (Stote) Led (120 Lea Delete) 25b REGISTRAR S SIGNATURE
VR A15 (4) 20 M 1/66	ZA.	FUNERAL-DIRECTOR	3 Guttoutti		866 ft a ser Judge

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death.

Page 4 may be retained by the haspital ar attending physician.



NAME OF CEMETERY OR CREMATORY

Arlington Natl

ADDRESS

A. PUMPHREY. Bethesda, Maryland

DEPUTY MEDICAL MAMINER

Cemetery

Address (Street, city, lown, or county)

23d. LOCATION (City or Town)

1966

Arlington,

REGISTRAR'S SIGNATURE

2Sb.

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Health or the 50 VR A15ME (5) 6M 1/66

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EXAMINER'S

NAME (Type)

230. BURIAL, CREMATION,

24. FUNERAL DIRECTOR

BELDEN

23b. DATE THEREOF

11-9-66

Llu

e. IS RESIDENCE

YES

Day

12. CITIZEN OF WHAT

COUNTRY?

USA

(County)

22b. OATE SIGNED

6 Nov. 1966

Marley

ON A FARM?

Year

IF UNDER 24 HRS

19 66

INTERVAL BETWEEN

ONSET AND DEATH

WAS AUTOPSY

PERFORMED?

NO [

(State)

(State)

65 Days

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